

TO:					
Name:					
School:					
Address:					
Phone:					
Fax:					
FROM:					
Name:					
School:	TIPTON R-VI MIDDLE/HIGH SC	HOOL			
Address:	334 US HWY 50 WEST	TIPTON, MO		65081	
Phone:	(660) 433-5528	Fax: (660) 433-24	119		
Please fax	Cons the following educational records	ent for Releas to the Tipton R-VI			enrollment of this student.
PARENT	SIGNATURE				DATE
Parent P	Phone Number:				
	The Tipton R-VI School	ol District reque	ests th	e following informat	tion on:
Student Na	me	Da	te of Bi	rth	Grade
Please send the following information as soon as possible:					
<ul><li>Ci</li><li>M</li><li>U</li><li>Ps</li></ul>	rithdrawal Grades (please includumulative permanent school receissouri Constitution Test Records S Constitution Test Records sychological reports; test records ealth records	ords S	• • •	Special Education recor and current Diagnostic S Attendance Record Discipline Record Other:	

\*\*Confidential Student Information\*\*



Name:	(First)		(Middle)		(Last)	
Student Cell:					SSN:	
MOSIS:						
Date of Birth:		Sex:	M or F	Race:		Grade:
Street Address:						
Circle County:		Moniteau	Cooper		Morgan	
Mailing Address:						
1. Both 6. Gua Stepfather/Ste	n Parent Irdian epmothe	WITH: (CHECK ONE) s2. Mother Only7. Mother/Stepfath	er	ather Only 8. Father/Stepmot	her9.	5. Grandparent
		PARENTS/GUARDIANS L	IVING IN SA	ME HOUSEHOLD	AS STUDENT:	
Legal Na	ame:			Legal Name:		
Relationsh Stud	nip to dent:			Relationship to Student:		
E	mail:			Email:		
Home Ph	none:			Home Phone:		
Cell Ph	none:			Cell Phone:		
Emplo	oyer: -			Employer:		
Work Pl	hone: -			Work Phone:		



#### PARENTS/GUARDIANS LIVING AT A DIFFERENT HOUSEHOLD FROM STUDENT:

Legal Name:	Legal Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
Email:	Email:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer	Employer
Work Phone:	Work Phone:
Does this parent/guardian have joint custody?YN Should this parent/guardian receive school info?YN Is this person legally restricted access to this student?YN Copy of Court Order MUST be Provided to the School	Does this parent/guardian have joint custody?YN Should this parent/guardian receive school info?YN Is this person legally restricted access to this student?YN A Copy of Court Order MUST be Provided to the School

#### OTHER CHILDREN UNDER THE AGE OF 18 LIVING IN THE HOME:

First Name	Middle	Last Name	Birth Date	Gender (M or F)	Relation to Student	School Attending



#### NAME OF TWO EMERGENCY CONTACTS: (Other than parent/guardian listed)

Name: Relationship to Student:							
Home Phone: Cell Phone:							
Work Name:		Work	Phone:				
Address:							
Name:		Rela	ationship to Student:				
Home Phone:		Cell	Phone:				
Work Name:		Wor	k Phone:				
Address:							
Schools Previously Attended	Grade	School Address	City, State, Zip	Phone			
s either parent or guardian a memb f yes what branch:			SNo				
<u>Fransportation</u>							
Vill your child ride the bus to and			No				
f riding a bus where will your child Where will your child go after scho	-	ked up?					



# DECLARATION OF LEGAL RESIDENCE TIPTON R-VI SCHOOL DISTRICT

Student Name:	Grade:
Home Address:	
Phone Number:	
Name of Individual w/ whom student resides:	
Relationship: (check one)Parent	LegalCustodial
f you checked "legal guardian" above, you must provide a copy of the c s in the process of being filed, you must provide a copy of the filed petit	
f you checked "custodial adult", you must provide a power of attorney s nedical decisions. The power of attorney must state that the student wi	
<ul><li>given above. I also declare that the information is correct</li><li>I understand that if this student is admitted under false in continue attending school.</li></ul>	the student (s) named above lives with me full-time at the address t and give permission for the school official to verify if question arises. If ormation, she/he is not legally enrolled and will not be allowed to
	ents residence or anY reason for the <i>school</i> district to believe w or Tipton R—VI Public School policies, the district will take action llowing-up visits to the residence by school officials.
4. I understand that retroactive tuition can be charged if my	residence is found to be in non-compliance with school law.
hereby certify that I have read the above statement and understand the ny signature that the information I have provided on this form is true an at any time during the school year.	
Signature of Parent, Guardian, Custodial Adult	Date
For Office Use Only:	
Complete this section if the relationship is that of an individu	ual other than a parent.
Legal guardianship court papers presented and verifi	cation that state requirements have been met.
Affidavit on file by custodial adult	
Other:	



TIPTON R-VI SCHOOL DISTRICT PARENT AGREEMENT: Electronic web access agreement for viewing student information via the school district parent portal.

I am requesting access to my child/children's student information on the Tipton R-VI School District Parent Portal website.

I have read the *Acceptable use Policy/User Guidelines for the Parent Portal* and agree to abide by and support the expectations. I understand that for security purposes the District reserves the right to change user passwords or deny parent/guardian access at any time. By signing this agreement I, as parent/guardian, release the School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I agree that I will not share my password or allow anyone other than myself to use the account including my own child/children.

If my account becomes locked I will email the district's help line and request the account be unlocked or repaired. I will provide the "Personal Login ID" given to me at the time the account was created and answer questions to verify any identity.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified in the user guidelines and that the school district is not responsible for assisting with technical difficulties on my home computer.

Please list the names of your child/children currently enrolled in Tipton R-VI School District and residing at the address listed below. The information given on this form must match the enrollment information you provided on your registration form.

Residence Address			
Email Address:			
Home Phone:			
Cell Phone:			
Child's First Name	Child's Last Name	Birth Date	School Attending
Offilia 5 First Name	Offilia 3 East Name	Diffit Date	School Attending
anature of Parent			Date
gnature of Parent			Dale
gnature of Parent			Date



#### TIPTON SCHOOL DISTRICT PHOTO & VIDEO RELEASE FORM

Tipton School District captures pictures of students for the purpose of student recognition in area newspapers and publications. Pictures or videos may be also used in publications, presentations, videos, or in the Tipton School District website in order to publicize student activities and recognize student achievement. We also use pictures to describe the schools' vocational, academic and athletic programs to possible future students. Images are sometimes made available for purchase for minimal cost and funds received from these sales are used to support the journalism program. Your signature below is appreciated.

By signing this agreement, I agree to have no claim to photographs or reproductions of photographs and give permission for the Tipton Middle/High School publications, publicity campaigns and fundraising, as the school deems appropriate.

do not expect compensation and no representation or promise of compensation has been made.							
Name of Student (please print)							
Signature of Student							
Signature of Parent /Guardian							
Date	Year of Graduation						

This release form is valid from the date signed until graduation date.



FILE: EHB -AF1
Critical

#### **TECHNOLOGY USAGE**

(Parent/Guardian Technology Agreement)

I have read the Tipton R-VI School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's e1ecti'onic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources (including deleted files) pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages caused by my child's misuse of district technology.

I understand that this form will be effective for the duration of my child's attendance in the district unless revolved or changed by the district or me.

Name of Student.			
Signature of Parent/Guardian		Date	
<b>Note:</b> The reader is encouraged this administrative area.	l to read all policies a	and/or procedures for related informati	on in
Implemented:11/15/2004			
Revised: 11/13/2017			
Tipton R-VI School District Tipton	, MO 65081		

2017, Missouri School Boards' Association, Registered in U.S. Cop5'iigl I Office

Name of Ctudent



#### Dear Parent or Guardian:

Our district is required to inform you of information that you, according to the Every Student Succeeds Act of 2015 (Public Law 114-95), have the right to know. Upon your request, our district is required to provide to you in a timely manner the following information:

- Whether your student's teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether your student's teacher is teaching under emergency or other provisional status through which State qualification and licensing criteria have been waived.
- Whether your student's teacher is teaching in the field of discipline of the certification of the teacher.
- Whether your child is provided services by paraprofessionals and , if so, their qualifications.

In addition to the information that parents may request, a building receiving Title I.A funds must provide to each individual parent:

- Information on the level of achievement and academic growth of your student, if applicable and available, on each of the state academic assessments required under Title I.A.
- Timely notice that your student has been assigned, or has been taught for 4 or more consecutive weeks by a teacher who has not met applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

Director of Student Services

Office: 660-433-4302 Fax: 660-433-5241



· · · · · · · · · · · · · · · · · · ·			
School:			
Person Completing  Survey:  Other (sp		ent □ Guardian	
ase indicate below if your child	l was previously recei	ving any services. Special Ser	rvices may Include:
TITLE I READING □ No □ Yes Where?		What Grades?	
SPEECH THERAPY			
		What Grades?	
TITLE I READING			
□ No □ Yes Where?		What Grades?	
SPECIAL EDUCATION		What Crades 2	
		What Grades?	
504 PLAN			
		What Grades?	
GIFTED			
□ No □ Yes Where?		What Grades?	
INDIVIDUAL HEALTH PLAN		Wile at Over de a O	
Describe:		What Grades?	
BEHAVIOR SUPPORT PLAN			
□ No □ Yes Where? Describe:		What Grades?	
Please check all that apply:  Student is in foster care	Student has Dyslexia	<ul> <li>Student needs a surrogate par</li> </ul>	ent
Does the student use a language o	ther than English? □ N	lo □ Yes What Language? _	
Is a language other than English sp	ooken in the home? □ N	o □ Yes What Language? _	
Did the student receive English Lea		ous school? Do Yes (	Grades?

Please visit with the teacher, counselor, principal, or director of special services if you have any questions or need assistance to arrange the special services that your child needs.



**MIGRANT EDUCATION PARENT QUESTIONNAIRE** 

SCHOOL DISTRICT NAME: Tipton R-VI				county-district code: 068-073				
DISTRICT MIGRANT CONTACT: Nancy		ENROLLMENT DATE						
DIRECTIONS								
the questions below, an education	Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.							
Mail the completed form to Migrar 65102. Questions? Contact Grant			Elementary and Se	econdary E	ducation, P.	O. Box 480,	Jefferson City	y, MO
RELOCATION HISTORY								
Have you moved to the school dis	strict in the past three (3	3) years?					Yes	□No
In any location within the last thre choose all that apply:	e (3) years, have you w	orked in the a	agriculture or fishing	j industrie:	s? If yes, ple	ease	☐ Yes	□No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?						□No		
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)								
Pork, beef processing	Milking Cow	S	Nursery/G	Greenhouse	е	Plantin	g/Harvesting	Crops
Planting, harvesting or ginning cotton								
PARENT INFORMATION								
PARENTS/GUARDIANS								
ADDRESS CITY				STATE ZIP				
HOME PHONE		PLACE OF EN	MPLOYMENT				•	
NUMBER OF CHILDREN IN HOME					DATE OF M	IOVE		



STUDENT INFORMATION							
NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE				

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), 6<sup>th</sup> 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.

MO 500-3129 (04/2019)



### **STUDENT HOME LANGUAGE SURVEY**

Student Name:				Date:
School:			<ul> <li>New Student</li> </ul>	□ Returning Student
Person Completing Survey:	<ul><li>Mother</li><li>Father</li><li>Stud</li><li>Other (specify):</li></ul>			
lease indicate the bes	t answer to each question as it	pertains to the stu	dent and provide	e any additional
formation:				
_	age you learned English? Additional Information:			
	nguage other than English? Additional Information:			
1	her than English used at home? Additional Information:			
	you use most often with friends? Other:			
1	o you use most often with parents? Other:			
1	you use most often with relatives? ther:			
	school in another country other than How Long?		rades?	
8. Have you attended  • No • Yes	another school in the United States? Where?		es?	
	another school in Missouri? Where?	What grade	es?	
□ English as Secor	cial programs you have participated id Language □ Gifted □ Title	I □ Special Educ	ation	

Student Name:



#### **HOMELESS SCREENING FORM**

Date:  School:  Returning student  The Every Student Succeeds Act (ESSA) defines the term "homeless children and youth" as individuals who lack a fixed, regular, and adequate nighttime residence including:  • children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency transitional shelters; or are abandoned in hospitals;  • children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;  • children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.					h" as housing, or camping mergency or rivate place nan	
Please answer the follow	wing questions:					
1. Is the current addres				□ No	□ Yes	
, ,	<ul> <li>2. Are you living in shared housing with friends or family members?   No Yes</li> <li>3. If yes, please check the reason(s) below:</li> <li>Economic situation   Temporarily waiting for</li> </ul>					
house/apartment  □ Provide care for a family member  □ Loss of employment  □ Other:  house/apartment  □ Living with boyfriend or girlfriend  □ Parent/guardian is deployed				end		
4. Are you currently res campground due to the accommodations?		•		□ No	□ Yes	
5. Are you currently res	iding in an emergency	or transitional shelf	ter?	□ No	□ Yes	
6. Has this student been abandoned in a hospital?			□ No	□ Yes		
7. Is your primary nighttime residence a public or private place not   □ No □ Yes designated for or ordinarily used as a regular sleeping accommodation for human beings?			□ Yes			
Are you currently living buildings, substandard h	•			□ No	□ Yes	

Signature of Parent/Guardian/Unaccompanied Youth



#### TIPTON HEALTH INVENTORY & RELEASE

To assist in providing health services at school, please complete and return to the school nurse.

Student:			Date of Birth:	Grade:
Parent:				
Address:				
Mother:	Home #:	Cell	#:	Work #:
Father:	Home #:	Cell	#:	Work #:
TWO EMEF	RGENCY NUMBE	RS (if unable to reach pare	nts)	
Name:			Phone #:	
Name:			Phone #:	
f you do not		uld you like the School Nurse t	d None to assist you with some health or ing conditions? Check all that a	·
<ul><li>Autism</li><li>Blood Disc</li><li>Bone/Joint</li><li>Bowel/Blac</li><li>Cancer/Le</li></ul>	ee/Wasp ood ledication easonal other  Doctor Diagnosed order t dder ukemia	□ Chicken Pox □ Color Blindness □ Cystic Fibrosis □ Diabetes - Type1/2 □ Ear Tubes □ Eating Disorder □ Epilepsy/Seizures Date of Last: □ Eczema/Psoriasis □ Frequent Cough □ Frequent Diarrhea/Vomiting □ Frequent Ear Aches/Infections	Gastrointestinal Hearing Impaired Left/Right/Both Heart Disease/Defect Hemophelia Hepatitis A Hepatitis B Immune Deficiency Disorder Kidney Disorder Liver Disorder Mood Disorder Muscular Dystrophy Migraines	<ul> <li>Physical Limitations</li> <li>Sickle Cell Anemia</li> <li>Scoliosis</li> <li>Sinus Problems</li> <li>Spina Bifida</li> <li>Tuberculosis</li> <li>Ulcers</li> <li>Vision Problems</li> <li>Glasses/Contacts</li> <li>Other</li> <li>Other</li> </ul>
□ Cerebral P	alsy	<ul> <li>Frequent Headaches</li> <li>(Not migraines)</li> </ul>	□ Nosebleeds	



Please describe above health conditions (List any restrictions to diet or PE)
Does your child require special appliance, such as braces, shoes, wheelchair or other equipment? Yes/No
Does your child take daily medication at home Yes/No At School? Yes/No For emergency use? Yes/No
Please list medication, reason and dose:
<b>MEDICATION PERMISSION:</b> Do you give your permission for the school nurse, or one of the school's qualified staff members, to administer medication to your son/daughter as needed for mild pain/discomfort? <b>PLEASE SIGN BELOW:</b>
Tylenol Ibuprofen Tums/Pepto Cough Drops
If your child presents COVID 19 symptoms, do you give permission for your child to be tested at Tipton R-VI School District? YES / NO
Emergency Administration Only: Epi-Pen Albuterol
In the event my child is injured or becomes ill & needs medical attention, for any reason I cannot be contacted, this Authorization will serve as release to the school to call the ambulance service for the purpose of conveying my child to the hospital & authorize medical treatment to my child. I fully understand I shall be responsible for all cost of ambulance service, all medical care and/or treatment provided to my child in case of an emergency.
Doctors Name: Phone:
Hospital Choice:
Demont Consider Cinner to the Constant
Parent/Guardian Signature Date





MU healthcare System
1420 West Ashley Road, Boonville, MO, 65233
(660) 882-3420
Matt Rowlett, MS, ATC, LAT

Dear Athlete and Parent/Guardian,

In athletics, injuries are a frequent *occurrence* Our school has the privilege to a licensed athletic trainer. This individual possesses a four year undergraduate degree, national certification, and a Missouri athletic trainer license. Under the direction of a licensed physician, licensed athletic trainers are trained to prevent, recognize, care, manage, treat, and rehabilitate sports injuries. Athletic trainers have many roles and capabilities; in coordination with appropriate health care personnel they are qualified to assess, treat, and safely return athletes to competition.

The athlete and/or parent(s)/guardian(s) understand that participation in athletics can be dangerous, and that the athlete could be risking bodily injury and even sudden death by participating. Participation in a sport is strictly voluntary- The athlete and/or the parent(s)/guardians(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics and release the athletic trainer *mom* any claim or liability for any injury or other loss that the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and/or the parent(s)/guardian(s) also agree to hold harmless the athletic trainer from any and all liability, damages, and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in athletics and to waive any litigation arising out of such activities

Permission is hereby granted to Mizzou Physical Therapy and Sports Medicine athletic trainers:

- to provide athletic training services in the form of care, treatment, evaluation, management, and rehabilitation of any acute sports injury suffered by the athlete designated below, and
- to make an emergency referral to an appropriate physician if, in the opinion of the athletic trainer, immediate treatment or further evaluation is necessary.

"This authorization will need to be completed annually.

Athlete:	School:
Guardian Name Printed:	
Guardian Signature:	



Contact Information:	Please fill in the preferred method(s) for em	ergency and non-emergency situations.
Guardian Name Printed:		Relationship to Athlete:
Cell #:	Home #:	Work #:
Email:		_
health informat failure to conse You may revok	ion as it relates to the services they are providing. nt will not impact the pa2dpation of the athlete in this	interns to review <i>my</i> medical records and other protected In addition, I understand my consent to the authorization or s program.  the address at the top of this form except the event that
Athlete Name:		School:
Printed Name of Guardian/Parent:		
Signature of		

Date:

Guardian/Parent:



#### MISSOURI STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

Refer to the concussion materials located on the MSHSAA website.

http://www.mshsaa.org/SportsMedicine/

- Concussions
- A Parent's Guide to Concussion

Read the provided information and discuss the information with your student. For a printed copy, contact the Tipton Junior High & High School Office.

Students must agree to abide by all academic, citizenship, and Missouri State High School Activities Association rules stated in the co-curricular handbook. Violation of any of the rules published in the handbook is grounds for dismissal from the activity.

Students and/or parents who have concerns about co-curricular activities must follow these procedures:

- First, contact the coach or sponsor of the activity in question during school hours— not during practices or at the activity.
- If not satisfied, contact the Athletic & Activities Director.
- Finally, follow the Tipton R-VI due process rules: Principal, superintendent, and then the Board of Education.

Students and parents must understand there are risks involved in student participation of sports and activities. It must be understood that the risk to the student includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or serious or permanent disability.

#### By signing below,

I/we agree to acknowledge that we have received and reviewed the MSHSAA Parent's Guide to Concussion either online or paper copy.

I/We agree to abide by all academic, citizenship, and MSHSAA rules stated in the co-curricular handbook, and understand the penalty for violation of said rules.

I/We agree to accept risk as a condition of the student's participation in sports and activities.

Student Signature	Student Name (Printed)	Date
Parent/Guardian Signature	Parent/Guardian Name (Printed)	Date



#### STUDENT CITIZENSHIP AGREEMENT

Citizen standards of eligibility for all co-curricular activities have been approved as school policy for the Tipton R-VI School District and are applicable to any student who represents the school.

Participation in student activities is a privilege and not a right; therefore, the School Board believes that the student must adhere to the standards of behavior which will be credit to the individual student, the particular activity, the school, and the community.

The School Board insists that a student's behavior be in compliance with School Board Policy, with Student Handbook regulations, and with public laws. Behavior not in compliance may result in suspension or exclusion from all co-curricular activities or extra-curricular activities. While it is not possible to cite every example of behavior that violates policies, regulations, or public laws, there are certain behaviors that are more frequently a problem for school systems than others and will be addressed herein.

NOTE: CITIZENSHIP VIOLATIONS WILL ACCUMULATE DURING THE SCHOOL CALENDAR YEAR FROM ACTIVITY SEASON TO ACTIVITY SEASON.

#### STANDARDS:

- ACTIONS, BEHAVIORS OR STATEMENTS IN VIOLATION OF DISCIPLINE POLICIES DESIGNATED IN THE STUDENT HANDBOOK CODE OF CONDUCT RESULTING IN ISS/OSS
- 2. THE USE, POSSESSION OR DISTRIBUTION OF TOBACCO, ALCOHOL, CRUGS AND/OR PARAPHERNALIA AND/OR ELECTRONIC CIGARETTES USED TO CONSUME THESE ILLEGAL SUBSTANCES.
- USE OF INTERNET (SOCIAL MEDIA: FACEBOOK, TWITTER, INSTAGRAM, ETC) IN WRITTEN OR VISUAL FORM THAT DOES NOT ADHERE TO CITIZENSHIP POLICY.

The penalties for violation of standards are as follows:

First offense:	Suspension	i from nex	at occurring p	ertorn	nance activity	
	_	_			_	

**Second offense**: Suspension from next two occurring performance activities

**Third offense:** Suspension from all activities from the remainder of the school calendar year.

Activity defined as competition or performance event.

I agree to abide by the above s standards.	standards and to accept the penalty if I viol	ate any of these
Student Signature	Student Name (Printed)	Date
I have read the above agreeme the penalties for violating these	ent and I am aware of the standards my sto e standards.	udent must follow and
Parent Signature	Parent Name (Printed)	 Date



M	MSHSAA REGISTRATION INFORMATION					
New Student Information:						
	First	Middle	Last			
	Display Name "used on Eligibility Rosters (	only if different than formal name)				
	Gender	Date of Birth	Grade Level			
	Current Address					
	Previous Address					
	Initial Semester of 9th Grade Enrollment	FALL	WINTER			
		2014-2015 2015-2016 2016-2017	2017-2018 2018-2019 2019-2020			
Ini	itial Eligibility Questions:					
	Continuous Enrollment (Last 365 Days: Has this student been enrolled in your school building, or in a grade under your MSHSAA membership for MORE than 365 days?					
	Residency: Does this student live in a pe specific attendance boundaries for your sch		□ No □ Yes			
	Household: Does this student live with hi By-Law 3.10.1a)?	s/her parents (as defined in	□ No □ Yes			
	<b>Transfer:</b> Was there a full and complete m permanent residence in the new school dis corresponding with the date of transfer or p	trict attendance boundaries	□ No □ Yes			
			Date of Chance of Residence:			
	Explanation: Please briefly summarize the circumstances for the change in school district. (At times further explanation is required by MSHSAA.) Please indicate at the bottom of this form the best person to contact for further information and a phone number. A meeting with the activities director may be required to complete the transfer information required by MSHSAA.					
	Type of last school attended:	□ Public □ Private	□ Homeschool □ Other			
	School Attended:					
	First Day in Atten	dance	Last Day in Attendance			



DISCIPLINE/CITIZENSHIP Was there any continuing disciplinary/citizenship issues for this student that would affect this student's eligibility?			□ No □ Yes
	Phone Number: Time of Day:		
ACTIVITIES AND ATHLETICS TO PARTIC	CIPATE: Mark all that apply	0	CROSS COUNTRY FOOTBALL VOLLEYBALL FALL CHEERLEADING WINTER CHEERLEADING WRESTLING BOYS BASKETBALL GIRLS BASKETBALL GOLF TRACK BASEBALL SOFTBALL CHOIR BAND SPEECH ART
VOCATIONAL ACTIVITIES:		0	FBLA DECA FCCLA FFA VOTECH