SHELDON R-VIII STUDENT INFORMATION AND ADMISSION DATA FOR 2026-2027

Please include your child's Social Security Number. This is used for reporting purposes ONLY!

A copy of the student's immunization record, birth certificate and social security number (optional) will also be required. State Law requires the school to have proof of immunization before allowing student to attend class. If you do not have an immunization card you may be able to obtain one from your child's last school or from the health dept. or doctor where immunizations were administered.

All Students:

Last Name_____
First Name_____
Middle Name_____
Grade_____
☐ Homeschool Activity Participation
Date of Birth_____
Sex - M/F _____
Are you Hispanic? Yes____ No ____
Which of the following describes your race?
(Check all that apply)
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native
☐ Black or African American
☐ White

Social Security # _____
Physical Address_____
City _____ MO
Zip Code _____
County of Residence_____
Home Phone (____) _____
Cell Phone (____) _____
Daytime Phone (____) _____
Who Is at Daytime Phone? _____
Email Address _____

Locker Number_____
Combination_____

Mailing Information:

#1 (Parent(s) or guardian with whom student lives)
Name(s): _____
Mailing Address: (if different from address above) _____
Home Phone: _____Work Phone: _____For Whom: _____
#2 (Parent(s) or guardian not living with student who needs to receive school mailings, grade cards, etc.)
Name: _____Phone: _____
Mailing Address: _____

New Students: Date of Entry (Important): _____
Previous School Attended _____
School Address _____
Birth Certificate No. _____ Place of Birth _____

Father' Name _____ Phone_____
Address (if different from student) _____
Occupation _____ Work Phone _____

Mother's Name _____ Phone _____
Address _____
Occupation _____ Work Phone _____

Step-Parent or Guardian _____

With whom does student live (name and relation) _____
Number of children in family Total _____ Boys _____ Girls _____
Number of Brothers: Younger _____ Older _____ Number of Sisters: Younger _____ Older _____
Names and Dates of Birth for Siblings _____
Names of other persons living in the home (not parents or children) and relation to student_____
_____

***I give permission to the following person(s) to pick up my child(ren) from school.**

1._____ Phone Number: _____

2._____ Phone Number: _____

3._____ Phone Number: _____

Parent Signature_____ **Date**_____

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Student Name_____ Grade_____

Does your child need bus transportation? Yes____ No ____
Prior Years at Sheldon R-VIII School _____
Prior years in this grade_____

Who has legal custody? (If not both natural parents, provide court documents.) _____
Is the student living separate from parent? Yes____ No ____
If yes, please answer the following questions:
With whom does student live? _____
Is the student receiving support from the parents? Yes____ No ____
For what reason is student in this district? _____

Has a member of your family moved with child(ren) within the past three years to seek or obtain temporary or seasonal agricultural or food processing work? Yes____ No ____

The term "homeless children and youth"

A. means individuals who lack a fixed regular, and adequate nighttime residence…; and

B. includes-

i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardships, 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 or transitional shelters; or are abandoned in hospitals;

ii. 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;

iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

iv. Migratory children…who qualify as homeless for the purpose of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes__No__
Explain similar reason: _____
Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Yes____ No ____
Are you currently residing in an emergency transitional shelter? Yes____ No ____
Has the student been abandoned in a hospital? Yes____ No ____
Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Yes____ No ____
Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? Yes____ No ____

Do you currently reside with another family, a person other than family, or in a temporary housing facility? Yes__ No___
If yes, explain: _____

Do you use a language other than English? Yes____ No ____
Is a language other than English used at home? Yes____ No ____

Does your child need Handicap Accessibility? Yes____ No ____
Has your child been receiving services through Special Services IEP or Speech? Yes____ No ____
Has your child been receiving services through Title I? Yes____ No ____ If yes, Language_____ and/or Math_____?

Have you been suspended from a school? Yes____ No ____
If yes, why? _____

Have you forwarded Discipline Records to Sheldon R-VIII School? Yes____ No ____

Parent Signature_____ Date_____