***Prairie Home R-V Pre-K Checklist***

On August 1, 2026 my child is

- ☐ 4 years old
- ☐ 3 years old

My child resides

- ☐ In the Prairie Home District
- ☐ Outside of the Prairie Home District
- ☐ Outside of the Prairie Home District, but I am a staff member

I understand that there will be a cost of $16.67 per day which will be due as $300 on the first of every month. The first payment will be $150 due as a non refundable deposit by July 1, 2026 if successfully enrolled. Failure to pay on time may result in a loss of seat in the program.

- ☐ I Understand

I understand that successful potty training is a requirement to be enrolled in the program.

- ☐ I Understand and we are currently potty trained
- ☐ I Understand and we are working towards being potty trained

I understand that my child will pay normal prices for lunch and breakfast if they eat district prepared food, unless they qualify for free and reduced priced meals. An application for free and reduced is in this packet.

- ☐ I Understand

Signed: _____

Date: _____

**STUDENTS**

**Form 2230**

**Admission and Withdrawal**

**Residency Enrollment Checklist**

## RESIDENCY ENROLLMENT CHECKLIST

Name of Parent/Guardian_____

Address_____

City/State_____ Zip_____

Telephone Number: Home_____ Work_____

Name of Student_____

Address_____

City/State_____ Zip_____

Telephone Number: Home_____ Work_____

**Address Verification** (Parent/Legal Guardian) (Attach copy of document)

____Rental contract

____Real Estate Contract signed by all parties

____Utilities Bill/Deposit Receipt

____Other, such as payroll check, driver's license, W-4, employment documents

**BASIS FOR ADMISSION OF STUDENT** (Section 167.020 RSMo)

____Resides with parent in the School District

____Resides with legal guardian in the School District (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration.

____Resides with other family members or resides within a military support community as a resident if one or both parents are stationed or deployed outside of Missouri.

____Resides with a military guardian in the School District.

____Homeless child (person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence), including a child who is:

a. ____are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a "similar reason."_____

_____

_____

b. ____ are you currently residing at a motel, hotel, car or at a campsite because your home has been damaged or because of economic reasons?

c. ____are you currently living in a shelter?

d. ____are you currently living in a temporary housing arrangement due to economic hardship?

Give address or directions _____

____Special circumstances (Section 167.151, RSMo)

a. ____an orphan

b. ____one parent living

c. ____parents do not contribute to the student's support

d. _____agriculture (all four of the following conditions must be met: 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, parent notified District on or before June 30 that student would be attending)

____Parent is a teacher under contract with the District (Board policy required-Section 167.151 168.151, RSMo)

____Parent is a regular employee with the District (Board policy required-Section 163.011, RSMo)

**Other exemptions to the residency requirements** (Section 167.020.6, RSMo)

____Attending school not in the pupil's district of residence as a participant in an interdistrict transfer program established under a court-ordered desegregation program

____A ward of the state and has been placed in a residential care facility by state officials*

____Has been placed in a residential care facility due to a mental illness or developmental disability*

____Has been placed in a residential facility by a juvenile court*

____Has a disability identified under state eligibility criteria if the student is in the District for reason other than accessing the District's educational program

____Has transferred from an unaccredited school

*The district of residence will be billed for the local tax effort for the student(s) attending under these circumstances.

**Date of Student Admission** _____

____Student denied admission. Date of denial_____

____Waiver requested. Date of request_____

**WAIVER INFORMATION**

Waiver requested by:

____Parent

____Legal guardian

____Student (at least 18 years old)

____Other (complete information below)

a. Name of person/relative student resides with_____

b. Relationship _____

c. Address_____

d. City/State_____Zip_____

e. Address Verification_____

f. Reason why student is living with person/relative_____

_____

Other reasons showing hardship or good cause _____

_____

**Hearing Date** (must be within 45 days of request) _____

____Student admitted pending decision on waiver request

**Date student admitted**_____

____Waiver granted. Date_____

____Waiver denied. Date_____

**Students attending school pursuant to the above information may be counted for state aid purposes.**

**Nonresident students who may enroll and are not counted by the District for state aid:**

____Tuition

____Tax credit tuition – Any person who pays a school tax in any other district than that in which he resides may send his children to any public school in the district 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 (Section 167.151(3), RSMo)

____Transportation hardship as assigned by the Commissioner of Education (Section 167.121, RSMo)

____Attending a regional or cooperative alternative education program or an alternative education program on a contractual basis (Section 167.020.6, RSMo)

**Internet Access**

Student will have access to internet at home.

_____ Yes _____ No

**INSTRUCTIONAL SERVICES**
**Curriculum Services**
**ESL/ESOL Student Home Language/Migrant Survey**

**Form 6180**

## STUDENT HOME LANGUAGE SURVEY

Dear Parent/Guardian:

The _____ School District has an English as a Second Language (ESL) 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 ESL program, please complete this form and return it to your child's school. Please call the director of the ESL program at _____ 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. Has either the parent or guardian, or the child or child's spouse, been employed within the past three years (or are there any of the aforementioned currently employed)in some form of temporary or seasonal agricultural or agricultural-related work such as No Yes
   - planting or harvesting crops (vegetables, fruit, cotton, etc.):




Parent Survey
School District:_____
Enrollment Date: _____

Please complete the following survey information. Your child may be eligible for special services to better serve them in their education.

Have you moved in the past three (3) years: Yes_____ No_____

In the last three years have you worked or are you currently working in any of these areas. If so which ones? ☐Working in a nursery (A place where plants are grown for sale, transplanting, or experimentation.)
☐Planting or harvesting crops
☐Feeding poultry, gathering eggs, working in a hatchery
☐Processing meat, poultry, fruit, vegetables, dairy products
☐Milking cows on a dairy farm
☐Commercial fishing or working on a fish farm
☐Growing and tending to trees to be sold

If you checked any box above, did you move to seek or obtain that job? ___yes ____no
Name of present school district: _____
Parents/Guardians: _____
Address: _____
City: _____ State_____ Zip_____
Phone (home) _____Place of employment:_____
Number of children in home _____ Date of move _____

| Name of Child | Birthdate | School Building | Grade |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Attention school staff, please mail ALL surveys to:**
Christina Kormann, Grants & Resources, Office of Quality Schools, DESE, P.O. Box 480, Jefferson City, MO 65102. If you have any other questions please call her at 573-526-6989.

**Attention Parents:**
If you answered yes to any of the questions above, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for additional educational services