



**MOBERLY SCHOOL DISTRICT
RESIDENCY ENROLLMENT VERIFICATION**



Name of Parent/Guardian

Name of Student(s)

Address

Home Telephone _____

City/State/Zip

Cell Phone _____

Work Phone _____

NOTICE: Verification needed for any change of address after this document is processed!

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

_____ Rental Contract or Real Estate Contract signed by all parties

_____ Personal Property or Real Estate tax receipt (looking for School district listed on receipt)

_____ Utility Bill / Deposit Receipt (Electric, Gas or Water Bill)

*****If you are unable to meet the residency requirement through one of the above documents, please see a Moberly School District administrator.

I hereby swear or affirm that all information I have provided in this document is true, accurate, and complete to the best of my knowledge.

I understand that if I have provided any false information in this document that I may be charged with and convicted of a Class B misdemeanor.

I also understand that this registration document will be maintained as a part of the Student's permanent scholastic record.

Signature of Parent/Guardian

Date

BASIS FOR ADMISSION OF STUDENT (Section 167.020 RSMo)

Student Name: _____

_____ Resides with parent in the School District in standard housing.

Documentation presented by parent or guardian: _____

_____ Resides with legal guardian in the School District (Foster child _____ YES _____ NO) Claimcare form to be filled out (Copy of court ordered guardianship must be attached. A guardian may be appointed for the sole and specific purpose of school registration (SB944).)

_____ Resides with a military guardian in the School District (SB944). (attach a copy of document)

_____ Resides with someone other than parent, legal guardian or military guardian (request for waiver required).

_____ Sharing the housing of others – due to loss of housing, economic hardship, or lack of alternative adequate accommodations.

_____ Person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence, including a child who is:

- a. _____ Living on the street, in a car, abandoned building, substandard mobile home, camp ground or other form of shelter not designated as a permanent home
- b. _____ Living in a community or emergency shelter facility
- c. _____ Living in transitional housing (rehab, post-incarceration, etc.) for less than one year

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/benefit eligible 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 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

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

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Signature of Parent/Guardian

Date

This form was processed by: _____