

RIVERVIEW GARDENS

SCHOOL DISTRICT

1370 Northumberland Dr.
St. Louis, MO 63137

Phone: 314-868-9829
Extension: 32151/32139

McKinney-Vento Affidavit SY: 21-22

STUDENT NAME _____ AGE _____
(LAST) (FIRST) (MIDDLE)

GENDER _____ DATE OF BIRTH _____ GRADE _____

DOES THE STUDENT HAVE AN IEP? ___ YES ___ NO

CURRENT SCHOOL OR LAST SCHOOL ATTENDED _____

ENROLLED IN SCHOOL? ___ YES ___ NO

STUDENT'S CURRENT ADDRESS _____

PARENT/GUARDIAN _____

PHONE _____

PLEASE IDENTIFY THE STUDENTS' CURRENT LIVING ARRANGEMENTS:

- SHARING THE HOUSING OF OTHER PERSON'S DUE TO LOSS OF HOUSING, ECONOMIC HARDSHIP OR SIMILAR REASON
 - LIVING IN A HOTEL/MOTEL, TRAILER PARK OR CAMPGROUND DUE TO LACK OF ALTERNATIVE ACCOMMODATIONS
 - LIVING IN EMERGENCY OR TRANSITIONAL SHELTER
 - LIVING IN A CAR, PARK, PUBLIC SPACE, ABANDONED BUILDING, BUS OR TRAIN STATION, ETC.
 - STUDENT NOT LIVING WITH A PARENT OR COURT APPOINTED LEGAL GUARDIAN (UNACCOMPANIED YOUTH)
- NAME AND PHONE NUMBER OF PERSON LIVING WITH _____

PLEASE LIST ALL PRE-SCHOOL AND SCHOOL AGE SIBLINGS:

NAME	DOB	AGE	GRADE	SCHOOL

PARENT/GUARDIAN NAME _____ PHONE NUMBER _____

EMAIL ADDRESS: _____

ALTERNATE PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____

MY SIGNATURE BELOW AFFIRMS THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I UNDERSTAND THAT ENROLLING A CHILD IN A MISSOURI PUBLIC SCHOOL UNDER FALSE PRETENSES IS PUNISHABLE UNDER THE LAW.

SIGNATURE OF PARENT/GUARDIAN/UNACCOMPANIED YOUTH RELATIONSHIP TO STUDENT DATE

RGSD DISTRICT LIAISON SIGNATURE _____ DATE _____

RIVERVIEW GARDENS

SCHOOL DISTRICT MCKINNEY-VENTO

REQUEST FOR STUDENT TRANSPORTATION

NEW STUDENT ADDRESS CHANGE SIBLINGS IN RGSD TRANSPORTATION
NEEDED YES NO IN-DISTRICT OUT-OF-DISTRICT

DATE OF REQUEST _____

STUDENT NAME _____ DATE OF BIRTH _____ AGE _____
(LAST) (FIRST) (MIDDLE)

GRADE _____ SCHOOL & ADDRESS _____ START TIME _____ END TIME _____

STUDENT ADDRESS _____ UNIT # _____ APT. NAME _____

CITY & ZIP CODE _____

PRIOR ADDRESS _____

PARENT/GUARDIAN _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

AFTER SCHOOL PROGRAM _____ DAYS OF PROGRAM _____ DISMISSAL TIME _____

PLEASE LIST ALL PRE-SCHOOL AND SCHOOL AGE SIBLINGS:

NAME	DOB	AGE	GRADE	SCHOOL

BY SIGNING BELOW, YOU AGREE TO:

1. STUDENTS IN TRANSITION SHOULD BE READY FOR PICK UP AT THE TIME PROVIDED BY THE SIT DEPARTMENT AND THE TRANSPORTATION PROVIDER.
2. UNDERSTAND TRANSPORTATION SERVICES MAY BE PLACED ON HOLD AFTER 3 CONSECUTIVE "NO-SHOWS." SERVICES WILL RESUME AFTER COMMUNICATION UPDATES OCCUR.
3. IMMEDIATELY REPORT ANY CHANGES IN ADDRESS TO ENSURE A CONTINUATION OF TRANSPORTATION SERVICES
4. CONTACT THE STUDENTS IN TRANSITION SECRETARY WITH ANY SCHEDULED ABSENCES

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

RGSD DISTRICT LIASION SIGNATURE _____ DATE _____

RIVERVIEW GARDENS

SCHOOL DISTRICT

BEYOND THE INTAKE NEEDS ASSESSMENT

Student Name	Parent Name	Telephone Number
School	Grade	Email address

THE STUDENTS IN TRANSITION PROGRAM OF RIVERVIEW GARDENS WOULD LIKE YOU TO COMPLETE THE BEYOND THE INTAKE PROCESS. IT IS OUR HOPE THAT OUR PROGRAM CAN ASSIST YOU IN REACHING THE GOALS YOU HAVE SET FOR YOUR FAMILY.

PLEASE CHECK EACH AREA THAT WOULD ASSIST YOU IN YOUR PLANS BEYOND THE INTAKE.

RGSD CAN PROVIDE:

- FREE BREAKFAST/LUNCH
- TRANSPORTATION
- SPECIAL EDUCATION SERVICES
- SCHOOL SUPPLIES
- SCHOOL UNIFORMS/HYGIENE ITEMS
- SCHOOL COUNSELING/MENTORING
- AFTER-SCHOOL PROGRAMS
- TUTORING
- PRESCHOOL EDUCATION
- ACTIVITY FEES (SENIOR DUES)

COMMUNITY RESOURCES:

- MEDICAL/DENTAL REFERRAL
- VISION REFERRAL
- MENTORING
- AFFORDABLE HOUSING REFERRAL
- DOMESTIC VIOLENCE REFERRAL
- EMERGENCY SHELTERS
- CHILDCARE REFERRAL
- MENTAL HEALTH REFERRAL
- FOOD & CLOTHING
- JOB PLACEMENT SERVICES

COMMENTS/QUESTIONS:

PLEASE PROVIDE YOUR CONTACT INFORMATION FOR FOLLOW-UP PURPOSES:

SIGNATURE OF PARENT/GUARDIAN/UNACCOMPANIED YOUTH

DATE

SIGNATURE OF STUDENTS IN TRANSITION SOCIAL WORKER

DATE

RGSD DISTRICT LIAISON SIGNATURE

DATE

RIVERVIEW GARDENS

SCHOOL DISTRICT

STUDENT'S IN TRANSITION SCHOOL SUPPLY/UNIFORM REQUEST

Student Name	Parent Name	Telephone Number
School	Grade	Email address

STUDENT NAME	ITEM REQUEST	GENDER	SIZE	HYGIENE ITEMS

SIGNATURE OF PARENT/GUARDIAN

DATE

RGSD SIT SOCIAL WORKER SIGNATURE

DATE

RIVERVIEW GARDENS

SCHOOL DISTRICT

1370 Northumberland Dr.
St. Louis, Mo. 63137

Phone: 314-869-2505
Ext: 4982; 2006

Foster Care Enrollment Form SY: 20__ - 20__

STUDENT NAME _____ AGE _____
(LAST) (FIRST) (MIDDLE)

GENDER _____ DATE OF BIRTH _____ GRADE _____ ETHNICITY _____
CURRENT SCHOOL _____ OR _____ LAST SCHOOL ATTENDED _____
ENROLLED IN SCHOOL? YES NO

STUDENT'S CURRENT ADDRESS _____

BIRTH PARENTS _____ STREET
ADDRESS _____ CITY _____ ZIP _____
PHONE _____

SCHOOL DISTRICT WHERE PARENTS RESIDE _____

HAVE THE PARENTAL RIGHTS BEEN TERMINATED? _____ YES _____ NO

COURT AWARDED CUSTODY TO: _____ MOTHER _____ FATHER _____ BOTH
_____ DEPARTMENT OF SOCIAL SERVICES _____ OTHER

SPECIAL EDUCATION SERVICES: _____ YES _____ NO

SECTION 504 SERVICES _____ YES _____ NO

FOSTER PARENT(S)/GUARDIAN(S) _____

STREET ADDRESS: _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMERGENCY PHONE _____

SOCIAL WORKER/CASE MANAGER: _____ AGENCY _____

_____ ADDRESS OF AGENCY _____

CITY _____ STATE _____ ZIP _____

STUDENT'S SOCIAL NUMBER _____

STUDENT'S (DCN) DEPARTMENT CLIENT NUMBER _____

**HAS A BEST INTEREST DETERMINATION (BID) MEETING BEEN HELD FOR THIS
STUDENT? _____ YES _____ NO**

BID OUTCOME: _____ TRANSFER _____ NEW RGSD ENROLLMENT

RIVERVIEW GARDENS

FOR OFFICE USE ONLY:

APPROVAL GRANTED FOR STUDENT ENROLLMENT IN RIVERVIEW GARDENS SCHOOL DISTRICT:

RGSD FOSTER CARE LIAISON SIGNATURE: _____

DATE OF APPROVAL: _____

DATE SENT TO SCHOOL: _____