



Lone Jack C6 School District

313 S. Bynum Rd. Lone Jack, MO 64070 Phone: (816) 697-3539 Fax: (816) 566-3128

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***)
- ____ Resides with a military guardian in the school district
- ____ Parent is an employee with the district *(Section 163.011.2, RSMo, Section 167.151, RSMo, Section 168.151, RSMo)*
- ____ Paying Tuition – Determined annually, based on per pupil expenditure
- ____ Homeless Child *(person less than 21 years of age who lacks a fixed, regular and adequate nighttime residence),*
Including a child who is:

____ living on the street, in a car, abandoned building or other form of shelter not designated as a permanent home

____ living in a community shelter facility

____ living in transitional housing for less than one year

Give address or directions _____

____ Special circumstances *(Section 167.151, RSMo)*

____ 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). (***Proof of residency and Land Ownership Documentation required***)

____ Resides in a shared household (***Shared Residency Affidavit, signed by a notary public required***)

____ Resides with “Relative Caregiver” A person 18 years of age or older who is related to the child by blood, marriage, or adoption who is not the parent and who represents that the child is living with the adult and that the adult is responsible for the care of the child and the parent has given consent. *(Section 431.058,RSMo)* (***Relative Caregiver Affidavit, signed by a notary public required***)

I understand that the information that I am living at the above address will be forwarded to the appropriate investigative agencies.

I/We have provided accurate and truthful information to the best of my/our knowledge, information and belief. I/we have not knowingly withheld, concealed, or misrepresented an information that would have a material bearing upon the eligibility of the above child(ren) to attend the Lone Jack C6 School District.

Further, I We understand that persons make a false affidavit or false declaration of residency or any other factor material to school residency requirements may be subject to prosecution for the offense of false information. Violations may be charged with a misdemeanor and, upon conviction, may be jailed and/or fined. I am /we are aware that the district will vigorously investigate and prosecute every violation.

Finally, I/we acknowledge that, if investigation reveals that I/we did not provide true information, the above child(ren) will be withdrawn from the Lone Jack C6School District, and I/we will be obligated to pay an tuition monies then due.

I am at least eighteen (18) years of age and I state that all statements made herein are made under oath and are true and correct based upon my personal knowledge and belief.

Signature of Parent/Legal Guardian

Date