

Rolla Technical Institute/Center

1304 East 10th Street, 500 Forum Drive ~ Rolla, Missouri 65401
 (573) 458-0150, (573) 458-0160 ~ (573) 458-0155, (573) 458-0164 FAX

2024-2025



STUDENT INFORMATION

Legal Name (please print)	
Last _____ First _____ Middle _____	
Maiden and/or Former Name(s)	Home Phone #
Nickname	Student Cell Phone #
Current Mailing Address	Date of Birth
City/State/Zip Code	County of Residence
School District: <input type="checkbox"/> Belle <input type="checkbox"/> Bourbon <input type="checkbox"/> Cuba <input type="checkbox"/> Licking <input type="checkbox"/> Newburg <input type="checkbox"/> Owensville <input type="checkbox"/> Salem <input type="checkbox"/> St. James <input type="checkbox"/> Steelville <input type="checkbox"/> Vienna	
Race/Ethnic Origin (please check all that apply) <small> The Rolla Public School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. These are established by the State of Missouri and the U.S. Department of Education.</small>	
<input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Entering Grade Level for 2024-2025 <input type="checkbox"/> 11th <input type="checkbox"/> 12th Year of graduation _____	Current Email Address:

COURSE SELECTION (see course choices below)

	Course Title	Course Level	Class Time
1st Choice		<input type="checkbox"/> I <input type="checkbox"/> II	<input type="checkbox"/> AM <input type="checkbox"/> PM
2nd Choice		<input type="checkbox"/> I <input type="checkbox"/> II	<input type="checkbox"/> AM <input type="checkbox"/> PM

COURSE CHOICES

Automotive Technology	Drafting & Design	Information Technology
Collision Repair	Early Childhood Careers	Intro to Service Careers
Construction Trades	Engineering	Marketing Education
Criminal Justice	Fire & Rescue/EMT	Masonry
Culinary Arts	Health Science Academy	Wood Manufacturing & Design
Design Academy	HVAC, Electrical & Plumbing	

PARENT AND STUDENT SIGNATURE

YES NO I understand that my child will be receiving embedded credit from RTI/C if it is offered for the program in which he/she is enrolled and if my child meets the required criteria.

Parent's Signature

Student's Signature

TO BE COMPLETED BY SENDING SCHOOL COUNSELOR

<input type="checkbox"/> IEP (attached)	MOSIS#:	
<input type="checkbox"/> 504 (attached)	<input type="checkbox"/> Disadvantaged	GPA _____
		Sending School Counselor Signature

MARIAN REDHAGE, RTI/C COUNSELOR

EMERGENCY CONTACT INFORMATION

Please list up to 3 people **other than Parents/Guardians** that your student may be released to in the event that Parents/Guardians **cannot be reached**.

Name	Relationship	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENTAL AGREEMENTS

MEDIA/DIRECTORY:

Directory Information is defined as information contained in a student record that generally would not be considered harmful or an invasion of privacy if disclosed. This includes a student's picture and information to be included in the yearbook, information in an athletic team program, student coursework or artwork displayed by the district, and photographs, videos, or audio recordings of student activities and performances. The full definition of Directory Information can be found in Board Policy JO-1 (**visit rolla31.org to view this and all board policies**). I hereby consent to my student's Directory Information to be used by the district as defined in School Board Policy JO-1.

Parent/Legal Guardian Initials _____ Yes No

DISCIPLINE POLICY:

I understand that a copy of the district discipline policy procedure and regulation JG and JG-R1 is included in the student handbook.

Parent/Legal Guardian Initials _____ Yes No

TECHNOLOGY:

I understand that a copy of the Rolla Public Schools District Technology Usage Agreement (policy EHB) is included in the student handbook. I understand that a violation of these provisions may result in disciplinary action against my child including but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages (through misuse) incurred by my child.

Parent/Guardian Initials _____ Yes

Parent/Guardian Signature _____ Date _____
print application and then sign

HOUSEHOLD CENSUS INFORMATION

2024-2025



ROLLA
PUBLIC SCHOOLS

PLEASE PRINT

Household #1

HOUSEHOLD PHYSICAL ADDRESS (Primary Residence): _____

City _____ State MO Zip _____ Mailing Address (if different) _____

PARENT/GUARDIAN #1 (Residing in Household #1) No Contact Allowed Not Authorized to Pick Up (Legal Documentation Required)

Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

PARENT/GUARDIAN #2 (Residing in Household #1) No Contact Allowed Not Authorized to Pick Up (Legal Documentation Required)

Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

Check if currently enrolled	List FULL NAME of ALL Students* Residing in Household	Birth Date mm/dd/yy	HOUSEHOLD #1							HOUSEHOLD #2						
			Parent/Guardian #1 Relationship to Student							Parent/Guardian #2 Relationship to Student						
			Father	Mother	Step Father	Step Mother	Guardian	Other	Father	Mother	Step Father	Step Mother	Guardian	Other		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Please check box if additional students in household, print & list them on the back of this form.

Household #2

HOUSEHOLD PHYSICAL ADDRESS _____

City _____ State _____ Zip _____ Mailing Address (if different) _____

PARENT/GUARDIAN #1 (Residing in Household #2) No Contact Allowed Not Authorized to Pick Up (Legal Documentation Required)

Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

PARENT/GUARDIAN #2 (Residing in Household #2) No Contact Allowed Not Authorized to Pick Up (Legal Documentation Required)

Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Email _____

Check if currently enrolled	List FULL NAME of ALL Students* Residing in Household	Birth Date mm/dd/yy	HOUSEHOLD #1							HOUSEHOLD #2						
			Parent/Guardian #1 Relationship to Student							Parent/Guardian #2 Relationship to Student						
			Father	Mother	Step Father	Step Mother	Guardian	Other	Father	Mother	Step Father	Step Mother	Guardian	Other		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	_____	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Please check box if additional students in household & list them on the back of this form.

Parent/Guardian Signature _____ Date _____