

Student's Name: _____

Grade Applying For: _____



2018-2019 Student Enrollment Packet

Grades 7-8

Greetings Prospective Parents and Guardians:

Thank you for your interest in enrolling your child at Elite Academy for the 2018-2019 academic school year. Elite Academy strives to help every student reach his or her potential while increasing academic achievement. We accomplish this with our unique combination of research based curriculum, certified teachers, and integrated technology.

We look forward to being the school of choice for your family.

Please complete the attached enrollment application and affidavit, and return with the following documents:

- Birth Certificate or other record of child's age
- Immunization Records
- Proof of Residency

One document showing proof of residence in St. Louis city or approved St. Louis County school district is required. Acceptable proofs of residency include: utility bills (electric, water, etc.), mortgage or lease agreement. Renters must submit name, address and phone number of landlord. Proofs must be dated within 30 days of submission to the school.

****If you are unable to provide the above-referenced documents, or if you have other questions regarding residency, please contact Ashley Snyder at 314-588-1088.****

Any person who knowingly submits false information to satisfy residency requirements is guilty of a class A misdemeanor.

Elite Academy also requests the following:

- Student Services Intake Form
- Home Language Survey
- Dismissal / Emergency Treatment Info
- Authorization for Release of School Records
- A Copy of Student's Most Recent Report Card
- Health Form
- Picture ID of parent/guardian

If you have any questions, please call 314-588-1088.

All selected applicants will be notified by phone and mail.

It is the policy of Confluence Academies "Confluence" not to discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990, and state law. No person shall be excluded from participation in, or be denied the benefits of, any service; or be subjected to discrimination because of race, color, national origin, religion, sex age, or disability.

Dr. Rochelle Bates has been designated to handle inquiries regarding Confluence's non-discrimination policies. She may be contacted at 611 N. 10th Street, Suite 550, St. Louis, MO 63101; Telephone: 314-588-8554; rochelle.bates@confluenceacademy.org.



Student Information

Last Name First Name Middle Name Date of Birth

Home Address City State Zip

School District in which Address is Located: _____

Student lives with: Both Parents Mother Father Guardian Foster Home Other

Gender: Male Female Child's grade for the 2018-2019 school year: _____

Ethnicity: Black / African American Caucasian Hispanic / Latino Asian / Pacific Islander
 American Indian / Alaska Native Other _____

Parent / Guardian Information-(Please complete all applicable information)

Parent/Guardian #1: Last Name First Name

Residence Address City State Zip

Home Phone Cell Phone Work Phone

Email Address Employer's Name & Address

Military: (circle one) Active Duty National Guard/Reserves None

Parent/Guardian #2: Last Name First Name

Residence Address City State Zip

Home Phone Cell Phone Work Phone

Email Address Employer's Name & Address

Military: (circle one) Active Duty National Guard/Reserves None

If Student lives with someone other than a Parent/Guardian, list that information here:

Name of Individual with whom Student resides

Relationship to Student

Residence Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Email Address

Employer's Name & Address

Previous School's Information

School's Name

School's City & State

School's District

Type of School: Public Charter Private Parochial Other

Sibling Information

Sibling #1:

Last Name

First Name

Middle Name

Applying Attending Elite Academy for the 2018-2019 school year in grade: _____

Sibling #2:

Last Name

First Name

Middle Name

Applying Attending Confluence Academy for the 2018-2019 school year in grade: _____

Sibling #3:

Last Name

First Name

Middle Name

Applying Attending Confluence Academy for the 2018-2019 school year in grade: _____

How did you hear about Elite Academy? (check all that apply)

Radio Newspaper TV Mailing Flyer Web Site Poster / Billboard Door to Door

Meeting Head Start Walk-In Another Sibling is Enrolled Phone Call

Referred by: _____

Other: _____

Why did you choose Elite Academy?

Residency Status

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?

Yes No Please provide explanation: _____

Are you currently residing at a motel, hotel, in a car, or at a campsite, because your home has been damaged, or because of economic reasons? Yes No

Are you currently residing in a shelter? Yes No

Are you currently living in a temporary housing arrangement due to economic hardship? Yes No

Migratory Status

If you have moved from one school district to another in the past six years, please answer the following questions; they will help us determine whether your child is eligible for a special program of supplemental services.

Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work (planting or harvesting crops, landscaping, transporting farm products to market, processing meat or vegetables, etc.)? Yes No

Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? Yes No

Is either parent (or guardian) now employed in any of the above kinds of work? Yes No

Have you moved away with your child during only the summer months to work in seasonal agriculture? Yes No

I certify that all of the information above is true and correct to the best of my knowledge, and I further understand that failure to provide accurate or complete information may result in the withdrawal of my child from Elite Academy consistent with applicable law. I further certify that I am the parent and/or guardian of the above named child or children.

Parent/Guardian

Date

Please return the completed enrollment application and supporting documents to the Elite Academy

For further information, please call (314) 588-1088.

Elite Academy
310 North 15th St.
St. Louis, MO 63103
314-588-1088

**CONFLUENCE ACADEMY
MISSOURI SAFE SCHOOLS ACT**

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE
TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide the school information regarding the student's disciplinary and criminal history prior to admission.

1. I am the parent, legal guardian, or other person having custody or charge of _____ ("Student"), a student seeking to enroll in Confluence Academy.

2. **WARNING:** Under Missouri law, the failure to provide true, accurate and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor. This statement will be retained as part of Student's education record.

a. Is the above student presently under suspension or expulsion from another school, including any public or private school in Missouri or another state.
_____ Yes _____ No

If yes, please explain, including the following information:

- i. Name and Address of School District
- ii. Name of School
- iii. Nature of Offense
- iv. Date of offense
- v. Date Suspension/Expulsion Began
- vi. Date Suspension/Expulsion is Scheduled to End

b. Has the Student **been suspended and/or expelled** from a school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student?
_____ Yes _____ No

If yes, please explain, including the following information:

- i. Name and Address of School District
- ii. Name of School
- iii. Nature of Offense
- iv. Date of offense
- v. Date Suspension/Expulsion Began
- vi. Date Suspension/Expulsion Ended/Is Scheduled to End

c. Has Student been convicted or charged with any of the following crimes in juvenile or adult courts?

_____ Yes _____ No If yes, indicate which crime(s):

_____ First degree murder under section 565.020 RSMo.

_____ Second degree murder under section 565.021 RSMo.

_____ First degree assault under section 565.050 RSMo.

_____ Forcible rape under section 566.030 as it existed prior to August 28, 2013, or rape in the first degree under section 566.030 RSMo.

_____ Forcible sodomy under section 566.060 as it existed prior to August 28, 2013, or sodomy in the first degree under section 566.060 RSMo.

_____ Rape under section 566.032 RSMo.

_____ Statutory sodomy under section 566.062 RSMo.

_____ Robbery in the first degree under section 569.020 as it existed prior to January 1, 2017, or robbery in the first degree under section 570.023 RSMo.

_____ Distribution of drugs to a minor under section 195.212 as it existed prior to January 1, 2017, or delivery of a controlled substance under section 570.023 RSMo.

_____ Arson in the first degree under section 569.040 RSMo.

_____ Kidnapping or kidnapping in the first degree, when classified as a class A felony under section 565.110 RSMo.

3. Has your student ever been asked to leave a school in lieu of a discipline consequence or hearing?

_____ Yes _____ No

4. I attest that all the above information is correct and true. I understand that it is a crime pursuant to Section 167.023, RSMo., if I do not disclose the information requested or if I provide false information.

Date

Signature of Parent/Guardian



Student Services Intake Information

Elite Academy is fully committed to providing quality education to all of our students, especially those with special needs. In order to do this, we need your help. Please complete this page in its entirety.

Has your child been screened for special education by the public schools? Yes No

If yes, please explain: _____

Does your child have a current Individual Educational Plan (IEP)? Yes No

If yes, please provide us a copy.

Has your child ever received special education services? Yes No

If yes, please explain: _____

Does your child receive accommodations under section 504 of the Rehabilitation Act of 1973? Yes No

If yes, please provide us a copy of the 504 plan.

If yes, please explain: _____

Please check any of the following services your child has and/or still receives.

- | | | |
|---|---|---|
| <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Inclusion Services |
| <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> Deaf and Hard of Hearing |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counseling | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Adapted Physical Education |

Has your child been evaluated and identified for gifted education services in a prior school? If available, please provide a copy of the psychological evaluation testing results used for identification and documentation of acceptance into gifted services.

_____ Yes

_____ No

Parent/Guardian Signature

Date



Home Language Survey

Student's Last Name _____ Student's First Name _____ Student's Middle Name _____

Gender: Male Female Child's grade for the 2018-2019 school year: _____

Parent's Last Name _____ Parent's First Name _____ Parent's Middle Name _____

How many years has your child attended school in the United States?

- Less than 1 year
- More than 1 year, but less than 3 years
- 3 years to 5 years
- More than 5 years

Is any language other than English spoken in the home? Yes No

If yes, which other language(s) is spoken in your home? _____

Which of the following best describes your child?

- Understands only English
- Understands only the home language listed above
- Understands both English and the home language listed above

Which language does your child understand the best?

- English
- Home language listed above
- Understanding equal

Which language did your child learn to speak first?

- English
- Home language listed above

Which language does your child speak most of the time?

- English
- Home language listed above

In which language do you (parent) speak most of the time?

- English
- Home language listed above

Has your child ever been in a bilingual or English as a Second Language (ESL) program? Yes No

Parent/Guardian Signature

Date



Student Dismissal Information

Student's Last Name	Student's First Name	Student's Middle Name
Parent's Last Name	Parent's First Name	Parent's Middle Name
Home Phone Number	Work Phone Number	Cell Phone Number

- My child has permission to walk to and from school alone.
- My child will ride the school bus the majority of the time.
- My child will be dropped off and picked up the majority of the time.

I authorize Elite Academy to release my child, to the following adults.

Last Name	First Name	Phone Number	Relationship

Emergency Information and Treatment

I give Elite Academy permission to seek medical treatment for my child in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided to my child.

My preferred hospital is: _____

Parent/Guardian Signature Date



HEALTH HISTORY FORM 2018-2019

CHILD'S NAME: _____

PERSON PROVIDING THIS INFORMATION: _____

RELATIONSHIP: _____

GRADE: _____

DOB: _____

HOSPITALIZATIONS AND ILLNESSES	YES	NO	EXPLAIN "YES" ANSWERS
1. Has child ever been hospitalized or operated on?			
2. Has child ever had a serious accident (broken bones, head injuries, falls, burns, poisoning)?			
3. Has child ever had a serious illness?			
HEALTH PROBLEMS			
4. Does child have frequent: <input type="checkbox"/> urinary infections or trouble urinating <input type="checkbox"/> sore throat <input type="checkbox"/> cough <input type="checkbox"/> stomach pain, vomiting, diarrhea?			
5. Does child have difficulty seeing (squint, cross eyes, look closely at books?)			
6. Is child wearing (or supposed to wear) glasses?			
7. Does child have problems with ears/hearing (pain in ear, frequent earaches, discharge, rubbing)			
8. Has child ever had a convulsion or seizure?			
9. Is child taking any medication now?			
10. Is child now being treated by a physician or a dentist?			
11. Has child had: <input type="checkbox"/> boils <input type="checkbox"/> chickenpox <input type="checkbox"/> eczema <input type="checkbox"/> measles <input type="checkbox"/> Mumps <input type="checkbox"/> scarlet fever <input type="checkbox"/> whooping cough <input type="checkbox"/> German measles?			
12. Has child had: <input type="checkbox"/> hives <input type="checkbox"/> polio?			
13. Has child had: <input type="checkbox"/> asthma <input type="checkbox"/> bleeding tendencies <input type="checkbox"/> diabetes <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> epilepsy <input type="checkbox"/> heart/blood vessel disease <input type="checkbox"/> Liver disease <input type="checkbox"/> sickle cell disease?			
14. Does child have any allergy problem (rash, itching, swelling, difficulty breathing, sneezing)? a. When eating any foods? _____ b. When taking any medication? _____ c. When near animals furs insects dust etc? _____			
15. Does your child have any other medical conditions? _____ Did a doctor or other health professional tell you the child has this condition? _____ When was your child last seen by a doctor for this: _____			

16. Describe any special needs your child will require in daily activities:

17. Are there any conditions we haven't talked about that impact the child's everyday activities?

Please complete both sides of form.

FOR PARENTS OF A CHILD WITH ASTHMA

18. When was your child diagnosed with asthma?

19. What triggers your child's asthma attacks? Please check all that apply.

- Illness Emotions Medications Foods Fatigue Weather Exercise Chemical Odors
 Cigarette or other Smoke

20. How many times has your child been hospitalized overnight or longer for asthma in the past 12 months?

21. Does your child have any special needs related to asthma while at school (disregard if listed in the previous section)?

PHYSICAL, PSYCHOLOGICAL AND SOCIAL DEVELOPMENT

22. Does your child worry a lot, or is he/she very afraid of anything?
If yes, what things seem to cause him or her to worry or to be afraid:

23. Does your child have any difficulties saying what he/she wants to do or do you have any trouble understanding your child?
If yes please describe:

24. Have there been any big changes in your child's life in the last six months?
If yes, please describe:

25. Is there anything else you would like us to know about your child?
If yes, please describe: