

Student's Name: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_



## 2018-2019 Student Enrollment Packet

### Grades PK-8

#### Greetings Prospective Parents and Guardians:

Thank you for your interest in enrolling your child at Confluence Academy-South City for the 2018-2019 academic school year. Confluence Academy-South City 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  
(Kindergarten students must be 5 years old by 8/1/18, to apply for 2018-2019)  
(Pre-K students must be age 4 years old by 8/1/18, to apply for 2018-2019)
- 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 Jannelly Villegas at 314-481-4700.\*\***

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

Confluence Academy-South City 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 314-481-4700.

**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. 10<sup>th</sup> 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 Confluence Academy-South City 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 Confluence Academy-South City? (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 Confluence Academy-South City?***

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## ***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 Confluence Academy-South City 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 Confluence Academy-South City

For further information, please call (314) 481-4700.

Confluence Academy-South City  
3112 Meramec Street  
St. Louis, MO 63118  
314-481-4700

**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***

Confluence Academy-South City 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 involved with early intervention services (birth to age 3)?  Yes  No

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

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***

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Student's Last Name	Student's First Name	Student's Middle Name
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Parent's Last Name	Parent's First Name	Parent's Middle Name
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Home Phone Number	Work Phone Number	Cell Phone Number
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- 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 Confluence Academy-South City to release my child, to the following adults.

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Last Name	First Name	Phone Number	Relationship
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Last Name	First Name	Phone Number	Relationship
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Last Name	First Name	Phone Number	Relationship
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Last Name	First Name	Phone Number	Relationship
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### ***Emergency Information and Treatment***

I give Confluence Academy-South City 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: \_\_\_\_\_

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Parent/Guardian Signature

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Date



## ***Request for Records***

Missouri law requires Confluence to request your Student's records from your Student's prior school(s). Your completion of this form facilitates that process.

\_\_\_\_\_  
School's Name

\_\_\_\_\_  
School's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
School's Phone Number

\_\_\_\_\_  
School's Fax Number

**To: School Records Clerk**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MOSIS ID# (if available): \_\_\_\_\_

Current Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This student has submitted an enrollment application to Confluence Academy-South City for the 2018-2019 school year.**

**Please provide all applicable records including:**

- Student's Cumulative Record
- Health Records
- Report Cards
- Attendance Records
- Discipline Records
- Initial Special Education Evaluations
- Special Education Reports
- IEP's
- Special Education Reevaluations
- Section 504 Plan and Related Evaluations
- Primary Language
- Standardized Test Scores

***The State of Missouri requires that any school district, which receives a request for education records from another school district enrolling a pupil who had previously attended a school in the district from which the student is transferring will respond to such request within five business days of receiving the request with or without a parent's signature.***

**Please forward the above documentation to:**

Confluence Academy-South City  
3112 Meramec Street  
St. Louis, MO 63118  
314-481-4700 phone  
314-351-0240 fax



## 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?			
<b>HEALTH PROBLEMS</b>			
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: