

STUDENT'S NAME: _____ GRADE: _____



Grand Center Arts Academy

Student Enrollment Packet – 2011-12 School Year

Applicants must complete all questions on this application, and submit this form with all required documents.

.....
Office Use Only *Original Enrollment Date* _____

Application # _____ *Date received* _____ *Received by* _____
.....

Greetings Prospective Parents and Guardians:

Thank you for your interest in enrolling your child at Grand Center Arts Academy for the 2011-2012 academic school year. We are honored that you have chosen our school. We look forward to being the school of choice for your family.

Please complete the attached enrollment application and affidavit (to be signed and notarized), and return with the following documents:

- ___ Copy of an original Birth Certificate
- ___ Current Immunization Records
- ___ Proof of Residency

Two documents showing proof of residence in St. Louis city or approved Saint Louis County School Districts are required. Acceptable proofs of residence include: Utility bills (electric, water, cable/internet service, etc), tax bill, homeowner's insurance, medical insurance, auto insurance, or check stub from employer. Renters must submit name, address and phone number of landlord. Proofs must be dated within 30 days of submission to the school.

- ___ Student Demonstration must take place as a part of the application process and prior to enrollment.

Due Date for all applications - 3:00 p.m. on Wednesday, February 23.

Grand Center Arts Academy also requires the following:

- ___ Student Services Intake Form
- ___ Home Language Survey
- ___ Dismissal/Emergency Treatment info
- ___ Parent/Guardian Photo ID
- ___ Authorization for Release of School Records
- ___ A copy of Student's most recent report card

It is the policy of Grand Center Arts Academy 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. 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.

Previous School's Information

School's Name _____

School's City & State _____

School's District _____

Type of School: Public Charter Private Parochial Other

Is your child currently suspended / expelled from any school in this state or any other state? Yes No

If the answer is yes, please briefly describe the circumstances of their suspension / expulsion. _____

Student Services Intake Information

GCAA 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

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

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

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

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

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 |

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

Are you concerned that your child may have a special need that has not been evaluated yet? _____

If yes, please explain: _____

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 2010-11 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

Emergency Information and Treatment

I give Grand Center Arts 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: _____

I authorize Grand Center Arts Academy to release my child, and information regarding my child, to the following adults.

Last Name	First Name	Phone Number	Relationship
-----------	------------	--------------	--------------

Last Name	First Name	Phone Number	Relationship
-----------	------------	--------------	--------------

Last Name	First Name	Phone Number	Relationship
-----------	------------	--------------	--------------

Last Name	First Name	Phone Number	Relationship
-----------	------------	--------------	--------------

Parent/Guardian Signature

Date

MISSOURI SAFE SCHOOLS ACT

OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE

TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT

I, _____, having been duly sworn upon my oath, or having affirmed that I will tell the truth, do hereby state and depose as follows:

1. I am the parent, legal guardian, or other person having custody or charge of _____ (“Student”), a student seeking to enroll in Grand Center Arts Academy, and am legally authorized to make educational decisions for the Student.

2. I hereby certify as follows: [Check **one** and provide **all** additional information requested, if you check (b) or (c)]. **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.**

_____ a. The Student **has never been suspended or expelled** from any school in this state or any other state, for any offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student.

_____ b. The Student **has 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. **For each and every suspension and/or expulsion**, provide the following information: (Request additional information sheets, if necessary.)

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. The Student **has been suspended and/or expelled** from a school in this state or another state for one or more offenses other than weapons, alcohol or drugs, or for the willful infliction of injury to another student. **For each and every suspension and/or expulsion**, provide the following information: (Request additional information sheets, if necessary.)

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

3. I hereby certify that I have provided true, complete and accurate information for each and every suspension and/or expulsion imposed upon the Student.

PROOF OF RESIDENCY

4. I further certify as follows: (Check **one** category and provide **all** additional information requested under the category checked.) **WARNING:** Under Missouri law, any person who knowingly submits false information with respect to the following questions, any subparts thereto, or the documents provided to support the responses to such questions, may be charged with and convicted of a Class A misdemeanor.

- _____ a. The student is a legal resident of Grand Center Arts Academy's District as established by the following:
- i. I am a legal resident of the City of St. Louis, which is the school district in which GCAA operates.
 - ii. I reside and have my permanent home at the address in "iv" below.
 - iii. I am eligible to attend GCAA because I reside in _____, a St. Louis County School District which is eligible to participate in the Voluntary Interdistrict Transfer Program.
 - iv. The Student resides with me at the foregoing address, which is also the Student's permanent home. I have provided the following document(s) to establish that I am a legal resident of the City of St. Louis:

(Request additional information sheet if necessary.)

5. I hereby certify that all information I have provided in this statement is true, accurate and complete to the best of my knowledge.

6. I understand if I have provided false information in this statement, I may be charged with and convicted of a Class A misdemeanor.

7. I also understand that if I have provided false information in this statement, or in the documents submitted in support of this statement, Grand Center Arts Academy may file a civil action against me to recover the costs of school attendance for the student.

8. I also understand that this registration document will be maintained as part of the Student's permanent scholastic record.

Date

Signature of Parent/Guardian

Date

Registrar/School Official

STATE OF MISSOURI)

) SS

COUNTY OF)

On this _____ day of _____, 20____, before me appeared

_____, to me personally known, who, being by me duly sworn, did say that he or she executed the foregoing instrument and acknowledged said instrument to be his or her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

Notary Public

My Commission Expires: _____

THIS PAGE TO BE COMPLETED BY THE STUDENT APPLICANT.....

WE WOULD LIKE TO KNOW MORE ABOUT YOU -

1. Why do you want to attend Grand Center Arts Academy (GCAA)? _____

2. What do you think would be interesting or exciting about attending GCAA? _____

3. Why does your parent or guardian think that GCAA is the right school for you? _____

4. Please tell us about your interest and experience in the arts? (For example: Have you been in a play? Sung in a choir? Do you love to paint or draw? Do you play a musical instrument?)

5. How did you hear about Grand Center Arts Academy? _____

SECTION V – STUDENT ADMISSION CHECKLIST.....

Please note that the enrollment process cannot be completed, and admittance granted, until all legible photocopies of the required documents listed below accompany a completed application

Required documentation to enroll at Grand Center Arts Academy

Please return completed application along with:

- ___ Copy of an original Birth Certificate
- ___ Current Immunization Records
- ___ GCAA Commitment to Excellence Form
- ___ Request for Records
- ___ Proof of Residency

Two documents showing proof of residence in St. Louis city or approved Saint Louis County School Districts. Acceptable proofs of residence include: Utility bills (electric, water, cable/internet service, etc), tax bill, homeowner’s insurance, medical insurance, auto insurance, or check stub from employer. Renters must submit name, address and phone number of landlord. Proofs must be dated within 30 days of submission to the school.

___ Student Demonstration must take place as a part of the application process.

**Mail or hand deliver all of the above documents
and Application in one envelope to:
Grand Center Arts Academy
620 N. Grand
Saint Louis, MO 63103**

By signing below, I understand the aforementioned conditions of the application process and I attest to the honesty of the information above. If any of the information on this application is found to be false, or intended to mislead, the student will no longer be eligible for enrollment.

Parent Signature _____ Date _____

Request for Records

Parents: Your signature grants the sending school permission to forward your child's school records to Grand Center Arts Academy.

Name of Current School

School's Address

City

State

Zip

School's Phone Number

School's Fax Number

Student's Name: _____

Date of Birth: _____ ID# (if available): _____

Current Grade: _____

X _____ X _____

Parent/Guardian Signature

Date

This student has submitted an enrollment application to Grand Center Arts Academy for the 2010-2011 school year.

Please provide all 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
- 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 mail or fax the above documentation to:

Grand Center Arts Academy

620 N. Grand

St. Louis, Mo 63103

Fax: 314-533-1792

Phone: 314-533-1791