

2019-2020 Student Enrollment Application

Welcome Prospective Parents and Guardians:

Lafayette Preparatory Academy is pleased to consider your child for enrollment.

Our mission is to be a community that prepares students for academic and collegiate success and equip them to enter the world as active, responsible, and involved citizens and leaders. We will partner with each student's family as we work towards the emotional, social, and academic development necessary to realize the vision of our students becoming leaders of change and progress.

In October 2018, student enrollment will begin for 2019 - 2020. At a scheduled visit to Lafayette Preparatory Academy, interested families will receive enrollment materials and are invited to complete the enrollment process. After the enrollment materials have been reviewed and completed, office administrators will communicate expectations and answer pertinent questions.

First Enrollment Period: October 1st – 2nd Thursday of March

Second Enrollment Period: Day after 2nd Thursday in March – June 1st

Third Enrollment Period: June 2nd – September 30th

All documentation must be submitted by 6:00 p.m. on the last day of the pertinent enrollment period. All students¹ submitting complete enrollment forms by this deadline will be admitted into the school at that time, if maximum capacity has not been reached. A lottery will be held if necessary on the following Tuesday. In the event of a lottery, accepted students will be notified within three business days. Those students then have five business days to respond to let LPA know they will indeed attend the school in 2019 - 2020 academic year.

Students who are not selected for enrollment through the lottery process will then be placed on a waiting list, in a number order determined through the lottery process. When a seat (or seats) becomes available, LPA fills the seat for that grade level in the order of the waiting list. We will repeat this process as additional seats become available.

Beyond June 1st, 2019, students will be admitted on a rolling basis for any open seats, until capacity for the grade has been reached or September 30, 2019, whichever comes first.

¹ Lafayette Preparatory Academy does not 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, ethnicity, national origin, disability, gender, sex orientation or perceived sex orientation, gender identity, income level, proficiency in the English language or athletic ability.

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Supporting Documents

Copies of the following documents must accompany the attached completed application:

- ☐ Birth Certificate
- ☐ Proof of Guardianship, if necessary
- ☐ Two Forms of Proof of Residency (lease agreement, utility bill, etc.)
- ☐ Immunization Records
- ☐ Physical (within last year)
- ☐ Notarized affidavit (attached, p.11)

How did you hear about Lafayette Preparatory Academy?

- ☐ Radio
- ☐ Newspaper
- ☐ Television
- ☐ Mailing
- ☐ Flyer
- ☐ Web Site
- ☐ Information Meeting
- ☐ Word of Mouth
- ☐ Table at Community Event
- ☐ Walk-In
- ☐ Phone Call
- ☐ Referred by (parents of current students will receive volunteer hours for referrals):

☐ Other:

Please return this application and supporting documents to:

Amanda Howard, *Office Administrator*

Ta’Nisha Pirtle, *Office Administrator*

Lafayette Preparatory Academy

1900 Lafayette Ave, St. Louis, MO 63104

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Student Information

Last Name

First Name

Middle Name

Date of Birth

Address of Residence

City

State

Zip

This residence is:

☐ Permanent

☐ Temporary

☐ Child is homeless

This residence is within:

☐ The geographic boundaries of LPA's catchment zone 1 (see attached information)

☐ The geographic boundaries of LPA's catchment zone 2 (see attached information)

☐ The geographic boundaries of LPA's catchment zone 3 (see attached information)

Child's Gender:

☐ Male

☐ Female

Child's grade for the 2019 - 2020 school year: _____

Child's Ethnicity:

☐ African American

☐ Hispanic

☐ American Indian

☐ Caucasian

☐ Asian/Pacific

☐ Multi-Racial/Multi-Ethnic

List Race 1: _____

List Race 2: _____

List Race 3: _____

Residence: Student primarily resides with

☐ Both Parents

☐ Mother

☐ Father

☐ Legal Guardian

☐ Other: _____

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Parent/Guardian Information

Household 1 Parent/Guardian's Contact Information:

Last Name		First Name	
Address of Residence		City	State Zip
Home Phone	Cell Phone	Work Phone	
Email Address	Employer's Name & Address		

Household 1 Parent/Guardian's Partner/Spouse Contact Information:

Last Name		First Name	
Address of Residence		City	State Zip
Home Phone	Cell Phone	Work Phone	
Email Address	Employer's Name & Address		

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Parent/Guardian Information

Household 2 Parent/Guardian's Contact Information:

Last Name		First Name	
Address of Residence		City	State Zip
Home Phone	Cell Phone	Work Phone	
Email Address	Employer's Name & Address		

Household 2 Parent Partner/Spouse's Contact Information:

Last Name		First Name	
Address of Residence		City	State Zip
Home Phone	Cell Phone	Work Phone	
Email Address	Employer's Name & Address		

☐ Please check this box if mailers should be sent to both addresses (in addition to household parent 1 contacts).

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Pick-Up/Release Authorization

I authorize Lafayette Preparatory Academy to release my child, _____,

and information related to the release of my child to the following adults:

Last Name	First Name	Phone Number	Relationship

All guardians listed in household 1 and 2 have permission for release and information related to release, whether listed on this list or not. This list is for people in addition to parents and guardians. Anyone not on the above list will need written permission from parent/guardian. The above list can be left blank if no one other than the parent/guardian may pick up the child from Lafayette Preparatory Academy. This release does not grant the people listed above permission to receive educational records that do not pertain to a release from school. Such a release must be completed separately.

Parent 1/Guardian 1's Signature _____ Date: _____

Parent 1/Guardian 1's Printed Name _____ Date: _____

Parent 2/Guardian 2's Signature _____ Date: _____

Parent 2/Guardian 2's Printed Name _____ Date: _____

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Student Health Information

Last Name

First Name

Middle Name

Date of Birth

Child's Gender: ☐ Male ☐ Female **Child's grade for the 2019 - 2020 school year:** _____

Does your child have any allergies to foods, medications, or environments? ☐ Yes ☐ No

If yes, please list allergy, note level of intensity, and any medication/s used.

Allergy	Mild	Moderate	Severe	Delayed	Life-Threatening	Under Physician's Care/ Medication Used

IF YES, MEDICATION AND WRITTEN DOCTOR'S ORDERS MUST BE GIVEN TO THE SCHOOL

Does your child have any other illnesses? _____ If yes, please explain _____

Does your child take any other medications? _____ If yes, please explain _____

Has your child had any surgeries? _____ If yes, please explain _____

Please check any of the following that your child has suffered, in the past or present:

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Eczema | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Trouble w/ Kidneys |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Ulcer | <input type="checkbox"/> OCD/ODD | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Cleft Palate | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Digestive/ Bowel Problems |
| <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Orthopedic Defect (Handicap) |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Measles (regular) | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Migraines/ Headaches | <input type="checkbox"/> Ear/ Nose/ Throat Problems |
| <input type="checkbox"/> Bleeding Tendencies | <input type="checkbox"/> Measles (3 day) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone/ Joint Injury | <input type="checkbox"/> Emotional/ Psychological Disturbance |

☐ Other: _____

Parent or Guardian Signature: _____ Date: _____

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Emergency Information and Medical Treatment Release

Student Last Name Student First Name Student Middle Name Student Date of Birth

Student Health Insurance Carrier Policy Number

Student Physician's Name Student Physician's Telephone Number

I give Lafayette Preparatory 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 _____

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Homeless and Migratory Status

Homeless Status

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ___yes___no

Explain: _____

2. 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
3. Are you currently residing in a shelter? ___yes___no
4. 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 last six years, please answer the following questions to 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 agricultural---related work such as planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry; gathering eggs; working in hatcheries; processing poultry, beef, hogs, fruit, vegetables, etc; working on a dairy farm or a catfish farm; cutting firewood or logs to sell? ☐ 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 (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 engage in crop harvesting or other seasonal agricultural work? ☐ Yes ☐ No

Parent or Guardian Signature _____ Date _____

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Home Language Survey

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

☐ Less than 1 year

☐ 3 years to 5 years

☐ More than 1 year, but less than 3 years

☐ More than 5 years

Is the student's native tongue a language other than English? ☐ Yes ☐ No

Is any language other than English spoken in the home?

☐ Yes ☐ No

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

Who speaks these other languages? _____

Which best describes your child?

☐ Understands only English

☐ Understands only the home language

☐ Understands both

Which language does your child understand best?

☐ English

☐ Home Language

☐ Understanding is equal

Which language does your child speak most of the time?

☐ English

☐ Home Language

Which language did your child learn to speak first?

☐ English

☐ Home Language

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

☐ English

☐ Home Language

Has your child ever been in a bilingual or ESL Program?

☐ Yes

☐ No

Parent or Guardian Signature _____ Date _____

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Affidavit by Parent or Legal Guardian *Please note: This document must be notarized.*

I, _____, do hereby affirm that I am the parent or legal guardian of, _____ a student enrolled in Lafayette Preparatory Academy and that I am a legal resident of the Independent City of St. Louis, Missouri eligible to attend St. Louis Public Schools.:

I give permission to officials of Lafayette Preparatory Academy to visit my home address and or/contact my real estate company or rental office to verify my residency. I also acknowledge that by signing this affidavit I have been made aware that it is a **Class A misdemeanor** in the State of Missouri to submit false residency and that in addition to personal persecution, Lafayette Preparatory Academy, by law may file a civil action to recover from me, _____, the costs, as determined annually by the Board of Education, of school attendance resulting from such a fraudulent act.

Further, **I acknowledge that by signing this affidavit** that I have been made aware that it is a **Class B misdemeanor** to make a false statement indicating whether the student, _____, has been expelled from school attendance in this state or another state for weapons, drugs, alcohol or willful infliction of injury to another person. My child is not currently under suspension or expulsion from any school district he/she has previously attended. I understand that it is a criminal offense (class B misdemeanor – Section 167.023 RSMO) to give false information concerning prior disciplinary actions taken against my child.

As the parent or legal guardian of _____, **I am providing this affidavit in support of the enrollment of my child in Lafayette Preparatory Academy in the St. Louis City, Missouri School District. I understand that if this school admits my child based on false information that I have provided, I may be required to pay the school for its costs in educating my child** (Section 167.020 RSMO).

Parent/Legal Guardian Signature (sign in presence of Notary)

Date

Subscribed and sworn to before me, a notary public, on this ____ day of _____ 20____

Notary Signature: _____ Seal: _____

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Student Services Intake Information

Lafayette Preparatory Academy is fully committed to providing quality education to all of our students, including those with special needs. In order to do this we need your help.

Previous School Information

School Name	School City and State	School District
-------------	-----------------------	-----------------

Type of School: ☐ Public ☐ Charter ☐ Private
 ☐ Homeschool Other:

Has your child ever been suspended or expelled from any school in any state? ☐ Yes ☐ No

If yes, please state whether any such suspension or expulsion was for an offense relating to weapons, drugs or alcohol, or for the willful infliction of injury to another student. ☐ Yes ☐ No

Special Education and Disability Accommodation

Please check all that apply:

- ☐ My child has been involved with early intervention services (birth to age 3).
- ☐ My child has been screened for special education by the public schools.
- ☐ My child has a current Individual Educational Plan (IEP). **(Please provide a copy of IEP)**
- ☐ My child has received special education services.
- ☐ My child has received services under section 504 of the Rehabilitation Act of 1973. **(Please provide a copy of 504 plan)**

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

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

Does your child wear glasses? ☐ Yes ☐ No

Does your child wear a hearing aid? ☐ Yes ☐ No

Parent/Guardian Signature _____ Date _____

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Request for Records

Your signature grants the sending school permission to forward your child's school records to Lafayette Preparatory Academy.

School Name

School Address

City

State

Zip

School Telephone Number

School Fax Number

To: School Records Clerk

Student's Name: _____

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

Current Grade: _____

Parent/Guardian Signature: _____ Date _____

This student has submitted enrollment papers to Lafayette Preparatory Academy for the 2019-2020 school year. Please provide copies of the student's cumulative record, including **health records, report cards, attendance records, discipline records, special education reports, IEPs, 504 plans, primary language**, and **standardized test scores**.

The state of Missouri requires that any school district that receives a request for such records from another school district enrolling a pupil that had previously attended a school in such district all respond to such request within five business days of receiving the request.

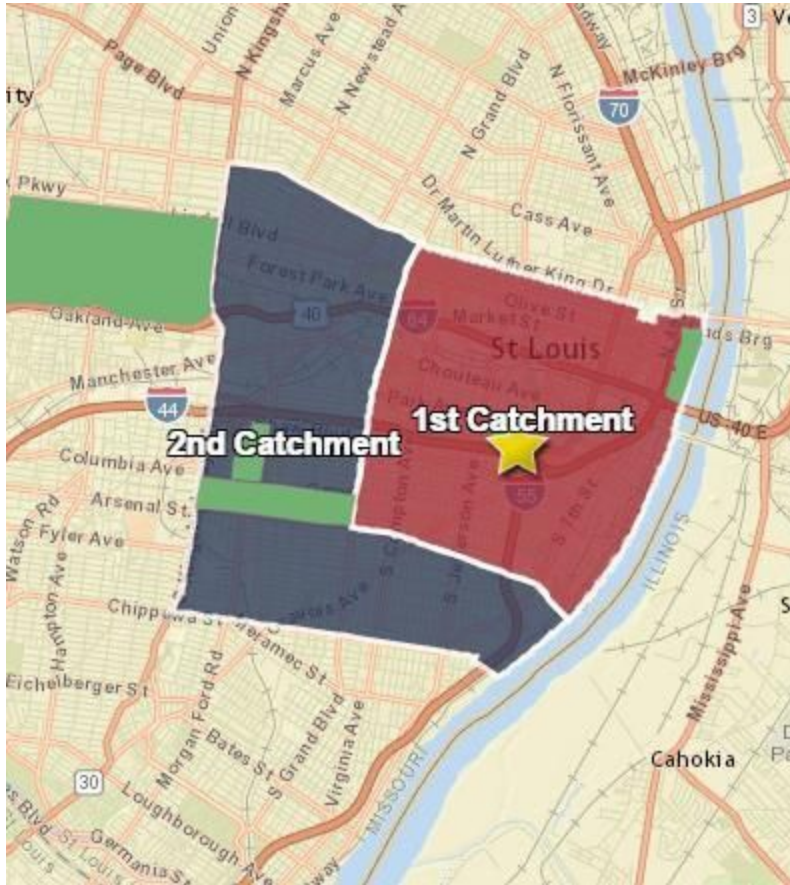
Please forward the above documentations to:

Lafayette Preparatory Academy
1900 Lafayette Ave
St. Louis, MO 63104
TEL: (314) 880-4458
FAX: (314) 880-4459

***Note that a request for records is made prior to the enrollment of a student. Schools sending records will be notified once the student is officially enrolled at LPA.

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Information on Catchment Zones



- **1st Catchment Zone (RED)** = On or South of Convention Plaza and its Westward Expansion, West of the Mississippi River, on or North of Arsenal, on or East of Grand
- **2nd Catchment Zone (BLUE)** = On or South of Cass and its Westward Expansion, West of the Mississippi River, on or North of Chippewa, on or East of Kingshighway
- **3rd Catchment Zone** = within St. Louis City limits