

Student's Name: _____

Grade: _____



2011-2012 Student Enrollment Packet Grades K to 8

Greetings Prospective Parents and Guardians:

Thank you for your interest in enrolling your child at Confluence Academy for the 2011-2012 academic school year. We are honored that you have chosen our school.

Confluence 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. Our school day is longer, as is our school year, to give our students the most time to develop a deeper understanding of the curriculum.

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 at school), and return with the following documents:

- Birth Certificate (Kindergarten students must be 5 years old by 7/31/11, to apply for 2011-2012)
- Immunization Records
- Proof of Residency (Lease Agreement, Utility Bill, etc.)

Confluence 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
- Health Form

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. 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.

To make a formal complaint that the Non-Discrimination Policy was violated, Complainant should prepare, sign and date a written statement of complaint. Complaints should be forwarded to Joyce Jefferson (joyjeffers@confluence.edisonlearning.com), Compliance Coordinator, 611 N. 10th Street, Suite 550, St. Louis, MO 63101. She may be contacted at 314-588-8554, should you have additional questions.



Enrollment Application

Student Information

Last Name First Name Middle Name Date of Birth

Residence Address City State Zip

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

Gender: Male Female Child's grade for the 2011-2012 school year: _____

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

Homeless 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

Parent 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

Parent/Guardian #2: Last Name First Name

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

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. _____

Sibling Information

Sibling #1: Last Name First Name Middle Name

Applying Attending Confluence Academy for the 2011-2012 school year in grade: _____

Sibling #2: Last Name First Name Middle Name

Applying Attending Confluence Academy for the 2011-2012 school year in grade: _____

Sibling #3: Last Name First Name Middle Name

Applying Attending Confluence Academy for the 2011-2012 school year in grade: _____

How did you hear about Confluence 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 Confluence Academy?

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 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 campus closest to your residence. For further information, please call (314) 588-8487.

K – 8
Old North St. Louis
3017 North 13th St.
St. Louis, MO 63107
314-241-1110

K – 8
Walnut Park
5421 Thekla Ave.
St. Louis, MO 63120
314-383-8900

K – 8
South City
3112 Meramec
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**

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 Confluence 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
OR THAT REQUEST FOR WAIVER HAS BEEN SUBMITTED**

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 Confluence 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 Confluence Academy operates.
 - ii. I reside and have my permanent home at the address in “iv” below.
 - iii. I am eligible to attend Confluence 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.)

- _____ b. The Student is not a legal resident of Confluence Academy’s District; however, I have submitted a Request for Waiver of Residency.
- i. I submitted the Request for Waiver of Residency on _____.
 - ii. I have attached a copy of the Request for Waiver to this statement.
 - iii. I understand that if the Request for Waiver is denied after the Student has been registered, the Student will no longer be eligible for enrollment in Confluence Academy, and will be required to withdraw from school immediately following denial of the Waiver.

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, Confluence 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: _____



Student Services Intake Information

Confluence 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 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? Yes No

If yes, please explain: _____

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.

Emergency Information and Treatment

I give Confluence 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 Confluence Academy to release my child, and information regarding my child, to the following adults.

Last Name	First Name	Phone Number	Relationship

Parent/Guardian Signature

Date



Request for Records

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

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: _____ ID# (if available): _____

Current Grade: _____

Parent/Guardian Signature

Date

This student has submitted an enrollment application to Confluence 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 and Related Evaluations
- Primary Language
- Standardized Test Scores (i.e. MAP, TerraNova)

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 the selected campus:

Old North St. Louis
3017 North 13th St.
St. Louis, MO 63107
314-241-1110 ph
314-241-1115 fax

Walnut Park
5421 Thekla Ave.
St. Louis, MO 63120
314-383-8900 ph
314-383-8925 fax

South City
3112 Meramec St.
St. Louis, MO 63118
314-481-4700 ph
314-351-0240 fax

Confluence Preparatory Academy
310 N. 15th St.
St. Louis, MO 63103
314-588-1088 ph
314-588-1296 fax



HEALTH HISTORY FORM 2011-2012

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 problem? _____ 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 get in the way of 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: