

2013-2014 Student Enrollment Application

Welcome Prospective Parents and Guardians:

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

Our mission is to prepare 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 2012, student enrollment will begin. 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, school leaders will visit interested families' homes to outline the enrollment process, communicate expectations, and answer pertinent questions.

We have three open enrollment periods:

First Open Enrollment Period: October 1, 2012 – December 31, 2012

Second Open Enrollment Period: January 28, 2013 – March 8, 2013

Third Enrollment Period: April 8, 2013 – May 31, 2013

All documentation must be submitted by 3:00 p.m. of 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 at the end of the enrollment period in which Lafayette Preparatory Academy (LPA) reaches maximum capacity of 94 students, if necessary. Accepted students will be notified within three days. Those students then have two weeks to respond to let LPA know they will indeed attend the school in 2013-2014.

¹Lafayette 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, color, national origin, religion, sex, age, or disability.

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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
- Notarized affidavit (attached)

How did you hear about Lafayette Preparatory Academy?

- Radio
- Newspaper
- Television
- Mailing
- Flyer
- Web Site
- Poster/Billboard
- Information Meeting
- Word-of Mouth
- Table at Community Event
- Walk-In
- Phone Call

- Child's Preschool: _____
- Referred by: _____
- Other: _____

Please return this application and supporting documents to:

Susan Marino, *Head of School*
Lafayette Preparatory Academy
1210 Locust Avenue, St. Louis, MO 63103

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Student Information

Last Name	First Name	Middle Name	Date of Birth
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Address of Residence	City	State	Zip
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This residence is: Permanent Temporary Child is homeless

This residence is within:

- The geographic boundaries of LPA's target zone (circle one): Soulard, Clinton-Peabody, LaSalle Park, King Louis Square, Lafayette Square, or Downtown **OR**
- The city of St. Louis Public School District **OR**
- The St. Louis County School District (circle one): Affton, Bayless, Brentwood, Clayton, Hancock Place, Kirkwood, Ladue, Lindbergh, Mehlville, Pattonville, Ritenour, Rockwood, Valley Park, Webster Groves

Child's Gender: Male Female **Child's grade for the 2013-2014 school year:** _____

Child's Ethnicity:

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian/Pacific | <input type="checkbox"/> Multi-Racial/Multi-Ethnic |

Residence: Student primarily resides with

- | | | |
|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other: _____ | |



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Parent/Guardian Information

Parent/Guardian #1:	Last Name	First Name
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Address of Residence	City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Email Address	Employer's Name & Address
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Parent/Guardian #2:	Last Name	First Name
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Address of Residence	City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Email Address	Employer's Name & Address
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Please check this box if mailers should be sent to both addresses.



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Pick-up Authorization

I authorize Lafayette Preparatory Academy to release my child, _____,
and information regarding my child to the following adults:

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

Last Name	First Name	Phone Number	Relationship
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Anyone not on this list will need written permission from parent/guardian. This can be left blank if no one other than the parent/guardian may pick up the child from Lafayette Preparatory Academy.

Mother/Guardian's Signature _____ Date: _____

Mother/Guardian's Printed Name _____ Date: _____

Father/Guardian's Signature _____ Date: _____

Father/Guardian'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 2013-2014 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

Medication and written doctor's orders must be given to the Head of 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 with 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, and Throat Problems |
| <input type="checkbox"/> Bleeding Tendencies | <input type="checkbox"/> Measles (3 day) | <input type="checkbox"/> Diabetes (sugar) | <input type="checkbox"/> Bone/Joint Injury | <input type="checkbox"/> Emotional/Psychological Disturbance |
| <input type="checkbox"/> Other: _____ | | | | |

Parent or Guardian Signature _____ Date _____



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Emergency Information and Medical Treatment Release

Last Name	First Name	Middle Name	Date of Birth
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Health Insurance Carrier	Policy Number
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Physician's Name	Physician's Telephone Number
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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

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No

If yes, please provide an explanation of similar reason:

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

Are you currently residing in a shelter? 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

Student's Last Name First Name Middle Name

Gender: Male Female Child's grade for the 2013-2014 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 3 years to 5 years
 More than 1 year, but less than 3 years More than 5 years

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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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 2013-2014 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
C/O Christ Church Cathedral
1210 Locust Street
St. Louis, MO 63103
TEL: (314) 346-7441

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