## FINANCIAL OFFICE USE ONLY

## **CENTER PLACE RESTORATION SCHOOL**

819 West Waldo Avenue Independence, MO 64050 (816) 252-1715

SCHOOL OFFICE USE ONLY		
Date		
School '	Year	
Grade E	ntering	
New	Return	Previous
Student	ID#	

## STUDENT ENROLLMENT APPLICATION FOR ADMISSION

Payment plan (check one only)	10 month (August 1 - May 1)	12 month (June 1 - May 1)
Student's legal name	Middle	(Goes By)
Social Security #		Age
State birth certificate #	Birth place	City/State
		Member (Y/N)
Sex (M/F) Race	Grade entering	
School district in which you live	Public school your c	hild would attend
Student lives with: Both parents Mo	ther Father Guardian	(If guardian, official guardianship papers must be on file at CPRS
()Father ()Stepfather ()Guardian	first name	
	first name	last name ) unlisted?
City State	Zip code Email	
Church/branch you attend	Priesthood office	e you hold
Employer	Work phone (	) extension
· · · · · · · · · · · · · · · · · · ·		
	first name	
		) unlisted?
City State		
Church/branch you attend Employer		) extension
HILD CUSTODY: Are there any restrictions on the ri	ghts of your child's non-custodial parent wh	nich pertain to his/her involvement in normal activities
chool? Yes No (If yes, provide a cop	y of the legal document with restrictions.	)
ISURANCE: (CPRS strongly advises that all students ctivities. Name of current insurance company		health coverage, which includes school and extracure Policy #
	remises, and absolve the school from liability	sponsored by the school, including P.E. classes, field to due to any injury to my child at school or during any school center Place Restoration School.

## MEDICAL INFORMATION An official immunization record, as signed by the attending physician, must be provided for enrollment. Missouri law requires your child to be properly immunized by the first day of school, or he/she will not be able to attend. (Two exceptions: provide an exemption card signed by a doctor excusing your child from being immunized due to health reasons, or provide an exemption card signed by the parent/guardian excusing your child for religious reasons.) If your child has had any of the following, please indicate by writing the approximate date. Surgery Chicken Pox Infectious Hepatitis Hospitalization \_\_\_\_\_ Measles (3 day) \_\_\_\_ Rheumatic Fever \_\_\_\_ Frequent Tonsillitis \_\_\_\_\_ German Measles (10 day) Fracture Injury \_\_\_\_\_ Scarlet Fever/Scarlatina Tonsils removed Tuberculosis Please include any additional information concerning your child's health (chronic health problems such as allergies, nosebleeds, asthma, diabetes, etc.) Attach additional sheet if necessary. MEDICAL ALERTS: PREVIOUS SCHOOL / SPECIAL NEEDS INFORMATION (Required for new admissions -OR- change of special needs status) Any student who has been expelled from a school must wait one full semester before CPRS will consider enrollment. Name of school transferring from Telephone \_\_City, State, Zip\_\_\_\_\_\_\_ Fax Number\_\_\_\_\_ Address Was your child home schooled? \_\_\_\_\_ (If so, provide current achievement test results and documentation of grades and report cards.) **SPECIAL NEEDS INFORMATION:** (Please answer with Yes or No) Has your child ever been diagnosed by school or physician as having any type learning problems — physical, emotional, mental, or behavioral? Has your child ever been recommended for testing for any of the above, by a teacher, counselor, minister, school, or physician? Has your child ever been placed on an IEP (Individualized Educational Program) in any school setting? Does your child speak English as his/her second language? If so, what other language is spoken at home? DEPARTMENT OF EDUCATION – FEDERAL FUNDING REQUIRED INFORMATION The Missouri Department of Elementary and Secondary Education requires all private schools to report annually on the number of families who qualify for Title I Reading and other federally funded programs. Using the table below to determine whether your family qualifies, and check the appropriate box. If you are currently unemployed, have a foster child, or are a quardian of one or more children who live with you, your family automatically qualifies. Income information is not shared, but remains on file at CPRS. Household size Annual income – OR -Monthly income – OR - weekly 1 23,606 1.968 454 2 31.894 2.658 614 40.182 3.349 773 3 4 48.470 4.040 933

5 56,758 4.730 1.092 6 65.046 5.421 1.251 7 73,334 6,112 1,411 1,570 8 81,622 6,802

Yes, my family qualifies \_\_\_\_\_ No, my family does not qualify

For each additional family member add: 8,288

(Notice of Nondiscriminatory Policy: Center Place Restoration School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.)

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