



706 W. 42nd Street
Kansas City, MO 64111

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Thank you for requesting materials from Allen Village School. It is a privilege to partner with families throughout the community to provide a quality educational program.

Founded in 1999, Allen Village School currently enrolls approximately 500 students in kindergarten through eighth grade.

Founded in 2013, Allen Village High School currently enrolls approximately 150 students in ninth through twelfth grade.

Founded in 2020, Allen Village Pre-School currently enrolls approximately 20 students at an off-site location, Emmanuel Early Childhood Center, 4736 Prospect Avenue, Kansas City, Missouri 64130.

Allen Village is an independent charter school conveniently located in the midtown area. School bus transportation is provided for students in K-12th who attend our school. We only serve students who reside within the boundaries of the Kansas City Missouri School District.

For admissions information or to schedule a tour, please call 816.931.0177.

ALL APPLICATIONS MUST BE HAND DELIVERED.

*****NO FAXED, EMAILED OR MAILED APPLICATIONS OR DOCUMENTS ACCEPTED*****

Allen Village School does not discriminate due to race, ethnicity, national origin, disability, gender, income level, or proficiency in English. We may limit admission to pupils within a given grade level. We will also give preference to siblings of our students. RSMO. 160.410

If you believe that you have been discriminated against for any of the above stated reasons, please contact Allen Village's OCR Compliance Representative at 816.931.0177. You will receive a written response within 5 days of contacting him/her. If you disagree with that decision, you may contact the Charter School Office at KCPS 816.418.7000.

Information Page

Age Requirements

The preschool program is for the three and four year-old siblings of students currently enrolled at Allen Village School. Applicants must be 3 years old before August 1st of the year in which you are applying.

Free/Reduced Lunch Requirement

The free pre-school program is limited to students who qualify for the free or reduced lunch program.

Documents Needed

In order for your application to be accepted and considered, you must have **ALL** of the following documents:

Completed Application

Birth Certificate

F/R Lunch Application

Current Immunization Records or Religious Exemption Statement

Parent's State Issued ID

IEP and Eval/504 Plan

Court Ordered Custody Papers

2 Proofs of Residency

Lease/Mortgage statement AND a major utility bill (utility bill must be within the last 30 days).

If you reside with someone the homeowner/leasee must provide the 2 proofs of residence. In addition to the 2 proofs a residency affidavit has to be notarized. Affidavits are on the school's website and at the front office. The parent will need to submit 2 pieces of official mail in their name within the last 30 days for the residency address.

Extracurricular Activities

Allen Village School **does not** provide before and after school care, however the Pre-school site does. Please contact Emmanuel Child Development Center to make arrangements.

Transportation

There will be NO transportation provided for the PreK program.

Application for Admission

Student Information

Child's Legal Name: _____
Last First MI

Home Address: _____ Phn. _____

Date of Birth: ___/___/___ Applying Grade: _____ Gender: ___ Male ___ Female

Ethnicity/Race _____ Student lives with: _____

Parent/Guardian Information

Father/Guardian

Name: _____
Last First

Home Address: _____

Cell: _____ Work: _____ Email: _____

Mother/Guardian

Name: _____
Last First

Home Address: _____

Cell: _____ Work: _____ Email: _____

Is there a sibling currently enrolled at Allen Village School? ___ Yes ___ No

If yes name of sibling(s) _____

Do you currently have a permanent address? ___ Yes ___ No If yes, how long? _____

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason ___ Yes ___ No If yes, please explain _____

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

Have you and your family moved in the last three years for any of the following reasons?

___ Yes ___ No ___ Agriculture ___ Fishery ___ Timber ___ Poultry

Parent/Guardian Signature

Date

Expectations

Does your child have an I.E.P./504 Plan or other Special Education documentation? __Yes __No

Does your child speak any language other than English? __Yes __No

Is there any other language spoken in the home? __Yes __No

Please read and initial the following tenets:

_____ My child will adhere to the school's Attendance Policy.

_____ My child will adhere to the school's Code of Conduct.

_____ I realize that the Preschool calendar and times may differ from the regular Allen Village School.

_____ I understand that the Allen Village preschool will be located at the Emmanuel Early Childhood Center at 4736 Prospect Avenue, Kansas City, Missouri 64130

Attestation Document

Pursuant to RSMO 167.23 it is a Class B Misdemeanor to make a materially false statement or affirmation on this application as to your child having been suspended or expelled from the prior school they attended, or if your child has been previously suspended or expelled from any school in any state for any violence related offense or for alcohol, drugs, weapons, or for any willful infliction of injury to another person. Notice is hereby given that we adhere to the above stated statute and will refer any violations to the Jackson County Prosecutors Office for prosecution and this will result in immediate withdrawal of your child from this school.

I, _____, have read and understood the above and do not have any questions as to its meaning. My signature below means that I fully understand what I am signing and that it is the truth to the best of my knowledge. Furthermore, I understand that any material misrepresentation will result in my child being immediately withdrawn and I will be criminally prosecuted.

Definition of a materially false statement or affirmation: A materially false statement or affirmation is a statement or action by the person who completes this application when they know the statement or action taken is false. We will presume that you know the truthful status of your child's prior disciplinary history.

Warning: This is a legal document with legal and criminal consequences.

Parent/Guardian Signature

Print Name of Parent/Guardian

Permission Slips

Photo/ Video Release

I authorize the Allen Village School to use and reproduce any and all photographs or video tape, which you have taken of my child for art, advertising, trade or any other lawful purpose whatsoever, without compensation to me. All negatives and positives, together with the prints, shall constitute the school's property solely and completely.

I hereby waive the right that I may have, to inspect and/or approve the finished product that may be used in conjunction therewith, or the use to which it may be applied.

Parent/Guardian Signature

Date

Student Name

Permission to Participate in Field Trips

The undersigned parent or guardian of _____ hereby consents to his/her participation in the following activities: educational field trips with Allen Village School. It is understood that an Allen Village School sponsor or teacher can, under reasonable and limited conditions, alter plans of this activity. However, such alterations shall involve activities or arrangements in the same general category described above. It is also understood that in the event the parent or guardian has any questions regarding the plans or believes the description to be inadequate, he or she shall contact the trip sponsor to obtain additional information.

The undersigned does hereby consent to the above named student participating in the field trip or activity identified, including transportation to and from the activity, if applicable, and for and in consideration of the special activity referred to, the undersigned hereby covenants and agrees on his/her own behalf of the student named above, not to sue the school, it's officers, agents, servants, and/ or employees, for any amount in excess of the insurance coverage as aforesaid. Nothing herein is intended to or shall be construed to release any insurance company or any third party from any obligation to pay under any liability insurance or other benefits.

Parent/Guardian's Signature

Date

Student's Name

Home Language Survey

The Allen Village School has a program for students who are developing their English communication ability. In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. The following survey will be used to plan classes, etc. for students who do not speak English or who speak a language in addition to English.

Student's Name: _____ Applying Grade: _____

Birth date: ___/___/___ Born in the USA: ___ Yes ___ No If no, date entered the USA _____

Parent's Name: _____ Phone Number: _____

Address: _____
City State Zip

What is your child's first language? _____

What language does your child use (speak) at home and with others? _____

What language does your child hear at home and understand? _____

How many years has your child attended school in the USA? _____

Please respond to the following with YES or NO.

Does the student understand when someone speaks with him/her in a language besides English? _____

Does the student read in a language other than English? _____

Does the student write in a language other than English? _____

Does the student interpret for you or anyone else in a language other than English? _____

In your opinion, how well does your child (circle answer below)

Understand English	Very well	Very little	Not at all
Speak English	Very well	Very little	Not at all
Read English	Very well	Very little	Not at all
Write English	Very well	Very little	Not at all

Name of person completing survey _____ Relationship to student _____

Office Use Only

____ Potential ELL

____ English Proficient

Medical Information

Student Name: _____ Applying Grade: _____ Sex: _____

Date of Birth: _____ Parent Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child’s safety or learning.

MEDICAL

Does your child have a Doctor/Nurse Practitioner? Yes ___ No ___

Doctor’s/Nurse Practitioner’s Name: _____ Phone Number: _____

DENTAL

Does your child have a Dentist? Yes ___ No ___

Dentist Name: _____ Phone Number: _____

Has your child received a dental exam in the past 12 months? Yes ___ No ___ Don’t know ___

Describe the condition of your child’s teeth. Good ___ Fair ___ Poor ___ Don’t know ___

In the past 12 months, did you have problems obtaining dental care for your child? ___ Yes ___ No

INSURANCE

Does your child have Insurance? Yes ___ No ___ Coverage Medical ___ Dental ___ Both ___

Insurance Carrier: _____ Type of insurance: _____

Policy #: _____ Grp #: _____

MEDICAL HISTORY

Has a physician or health care professional told you that your child has:

- | | | |
|--|-------------------------|-------------------------|
| ___ Asthma | ___ Seizure disorder | ___ Bleeding disorder |
| ___ ADD/ADHD | ___ Diabetes | ___ Bone/muscle disease |
| ___ Skin condition | ___ Learning Disability | ___ Heart condition |
| ___ Mental health condition (i.e., depression, anxiety, eating disorder) | ___ Other _____ | |

Does your child experience any of the following?

- | | | |
|-------------------------|-------------------------|----------------------------|
| ___ Nose bleeds | ___ Frequent earaches | ___ Overweight for age |
| ___ Physical disability | ___ Poor appetite | ___ Frequent stomach aches |
| ___ Frequent headaches | ___ Fainting spells | ___ Tires easily |
| ___ Emotional concerns | ___ Underweight for age | ___ Other _____ |

Do any of the above condition(s) limit/effect your child at school? Yes ___ No ___ If yes, please explain

LIFE THREATENING CONDITIONS

Does your child have any life-threatening health conditions? Yes ___ No ___

If yes, describe: _____

ALLERGIES

Is your child allergic to any of the following? Yes ___ No ___ Plants ___ Animals ___ Food ___

Mold ___ Drugs ___ Bees ___ Other ___

Please describe the reaction and treatment for each:

Do you plan for your child to receive school prepared lunch? Yes ___ No ___

Will your child require food substitutions? Yes ___ No ___

****The medical statement for students requiring special meals must be completed by a licensed physician to allow food substitutions. ****

MEDICATION

Does your child take any medications? Yes ___ No ___

If yes, name of medication(s) _____

How Often? _____ Medical Diagnosis _____

Will medication be taken at school? Yes ___ No ___

HEARING/VISION

Do you have any concerns about your child's hearing? Yes ___ No ___

Does your child wear hearing aids? Yes ___ No ___

Do you have any concerns about your child's vision? Yes ___ No ___

Does your child wear glasses? Yes ___ No ___

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes ___ No ___

Do others have difficulty understanding your child? Yes ___ No ___

If yes, please explain: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If an authorized emergency contact person or I cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature

Date