



**706 W . 42<sup>nd</sup> Street  
Kansas City, MO 64111**

**(P) 816.931.0177  
(F) 816.561.4640**

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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.

Allen Village is an independent charter school conveniently located in the midtown area. School bus transportation is provided for students 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 FAX OR MAIL APPLICATIONS 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 Petrice Welch at 816.931.0177. You will receive a written response within 5 days of contacting her. If you disagree with that decision, you may contact the Charter School Office at UMKC at 816.235.6376.

**Information Page**

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**Age Requirements**

Your child must be 5 years old before August 1st of the year in which you are applying to enroll them in Kindergarten.

**Documents Needed**

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

**Completed Application**

**Birth Certificate**

**Current Immunization Records or Religious Exemption Statement**

**Parent's State Issued ID**

**Most Recent Report Card/Transcript (High School)**

**IEP and Eval/504 Plan**

**Court Ordered Custody Papers**

**2 Proofs of Residency**

**Lease/Mortgage statement AND a major utility bill. Bill must be faxed from the utility company to Allen Village School at 816.561.4640.**

***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 business mail in their name within the last 30 days at that address.***

**Discipline Record**

***If your child does not have a discipline record, please submit a letter from the child's previous school stating no discipline on the school's letterhead.***

**Extracurricular Activities**

Allen Village School **does not** provide before and after school care.

**School Uniform and Dress Code Policy**

All students who are accepted to attend Allen Village School are required to wear the school uniform. Parents must purchase the embroidered shirt from the school. In addition to the uniform shirt, students must wear khaki-colored bottoms, slacks, shorts, skirts, jumpers, overalls, or skorts. All black or all white tennis shoes (free of extensive ornamentation and/or lights), brown or black casual shoes. Boots can be worn, but must fit under the pant leg. Black or brown leather belts must be worn with pants that have belt loops. Only black or white socks or tights can be worn.

**Forms of Payment**

Allen Village School only accepts money orders, checks and debit/credit cards as forms of payment. **Cash is not accepted.**

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**Application For Admission**

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**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: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

**Mother/Guardian**

**Name:** \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 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

**Discipline & Expectations**

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Does your child have a discipline record from the current school s/he attended? \_\_Yes \_\_No

Has your child ever been suspended or expelled from any school? \_\_Yes \_\_No

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 wear a school uniform daily.
- \_\_\_\_\_ My child will adhere to the school's Attendance Policy.
- \_\_\_\_\_ My child will adhere to the school's Code of Conduct.
- \_\_\_\_\_ My child will complete and return daily homework assignments.
- \_\_\_\_\_ I will complete 10 hours of volunteering for the school year.
- \_\_\_\_\_ I will attend all Student Learning Contract Conferences.
- \_\_\_\_\_ I realize that the Allen Village School calendar differs from other public schools.
- \_\_\_\_\_ I will review and sign my child's planner daily.

**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.

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Parent/Guardian Signature

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Print Name of Parent/Guardian

**Permission Slips**

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**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**

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**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 Signature**

\_\_\_\_\_  
**Date**

**Request For Records 706 W. 42<sup>nd</sup> St., KC, MO 64111 (P)816.931.0177 (F)816.561.4640**

**Request for Release of Confidential Student Records**

A separate request must be submitted for each, school, agency, or entity.

**Student Name:** \_\_\_\_\_  
   First  MI  Last

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Current Grade:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
   City  State  Zip

Agency Information (to be completed by parent or guardian): The parent or guardian has authorized the designated school/agency to release and mail/fax any records on the above student maintained by such school/agency.

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Fax:** \_\_\_\_\_

**Description of Information to be released:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cumulative Permanent School Records | <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Psychological/Counseling Reports |
| <input type="checkbox"/> Immunization Records                | <input type="checkbox"/> Report Card       | <input type="checkbox"/> Assessment Scores                |
| <input type="checkbox"/> Birth Certificate                   | <input type="checkbox"/> IEP & Eval        | <input type="checkbox"/> ELL/WIDA                         |
| <input type="checkbox"/> Discipline Report                   |  | <input type="checkbox"/> Transcript & EOC                 |

**Does this child have an IEP? \_\_\_ Yes \_\_\_ No**  
**\_\_\_ Special Education Records (including): Current IEP and Current diagnostic summary, including permission for placement.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Under law, the natural parent, legal guardian or foster parent may give permission for the release of records. If you are not the parent or guardian, please provide the name and address of the person who has legal authority to sign this release.

Pursuant to Section 167.020(7) and 167.022 RSMo. The school official enrolling a pupil, including any special education pupil, shall request the student's records from all schools, facilities, or state agencies (e.g. The Dept. of Social Services, The Dept. of Mental Health, DESE and all subdivisions thereof), and entities involved with the placement of the student within the last 24 months. Records for the homeless students, as defined in Section 167.022 RSMo. shall be requested from all schools previously attended by the pupil within the last 24 months.

**Please submit the records requested within 5 business days.**

**Home Language Survey**

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**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: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Date entered the USA: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**For 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: \_\_\_\_\_

Did your child receive 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 \_\_\_ What type of coverage does your child have? 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
- \_\_\_ ADD/ADHD
- \_\_\_ Skin condition
- \_\_\_ Mental health condition (i.e., depression, anxiety, eating disorder)
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Seizure disorder
- \_\_\_ Diabetes
- \_\_\_ Learning Disability
- \_\_\_ Bleeding disorder
- \_\_\_ Bone/muscle disease
- \_\_\_ Heart condition

Does your child experience any of the following?

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

Do any of the above condition(s) limit/effect your child at school? Yes \_\_\_ No \_\_\_

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LIFE THREATENING CONDITIONS**

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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 form must be completed 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**

**Request for Transportation**

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**Student Information**

Student's Name: \_\_\_\_\_ Applying Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Ph.: \_\_\_\_\_  
City State Zip

**Pickup/Drop off Information**

Bus Pickup Address: \_\_\_\_\_ Daycare Address: Yes \_\_\_ No \_\_\_  
(If different from above)

Bus Drop Off Address: \_\_\_\_\_ Daycare Address: Yes \_\_\_ No \_\_\_  
(If different from above)

\_\_\_ I need bus transportation for my child in the **AM only**.

\_\_\_ I need bus transportation for my child in the **PM only**.

\_\_\_ I do not need bus services. My child will be Parent drop off and pick up.

\_\_\_ **New Student/Add stop**

\_\_\_ **Change stop**

\_\_\_ **Delete stop**

**COMMENTS:**

\_\_\_\_\_

**OFFICE USE ONLY:**

ROUTE: \_\_\_\_\_ STOP: \_\_\_\_\_ TIME: \_\_\_\_\_

RECEIVED: \_\_\_\_\_ CHANGED: \_\_\_\_\_ EFFECTIVE: \_\_\_\_\_

**WHEN SUBMITTING A BUS REQUEST YOU MUST PROVIDE 2 PROOFS OF RESIDENCE.  
(Mortgage Statement/Lease Agreement & a Utility Bill)**