

Allen Village School | Home of the Eagles



**706 W . 42nd Street
Kansas City, MO 64111**

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

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 FAXED OR MAILED 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 Paul Franco, our attorney at 816.920.6613. You will receive a written response within 5 days of contacting him. If you disagree with that decision, you may contact the Charter School Office at UMKC at 816.235.6376.

Information Page

Age Requirements

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

Documents Needed

In order for your application to be accepted and considered, you must have 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

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. You and the homeowner/leasee must be present at the school with a state issued ID. The parent will need to submit mail from 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.

We offer 2 sessions of after school tutoring (6 weeks in the fall and 6 weeks in the spring).

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.

Supplies

In addition to the school uniform, parents are required to purchase school supplies.

Forms of Payment

Allen Village School only accepts money orders and checks as forms of payment. **Cash is not accepted.**

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Application For Admission

Student Information

Child's Legal

Name: _____
Last First MI

Home Address: _____

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

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Did your child have a discipline record from the previous 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. 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.

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 Signature

Date

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Request For Records 706 W. 42nd 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:

- Cumulative Permanent School Records
- Immunization Records
- Birth Certificate
- Discipline Report
- Attendance Record
- Report Card
- IEP & Eval
- Psychological/Counseling Reports
- Assessment Scores
- ELL/NWEA
- 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.

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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: _____ 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 is the language most often spoken in the home? _____

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

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: _____

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone/muscle disease |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Mental health condition (i.e., depression, anxiety, eating disorder) | | |
| <input type="checkbox"/> Other _____ | | |

Does your child experience any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Frequent earaches | <input type="checkbox"/> Overweight for age |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Frequent stomach aches |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Tires easily |
| <input type="checkbox"/> Emotional concerns | <input type="checkbox"/> Underweight for age | |
| <input type="checkbox"/> Other _____ | | |

Do any of the above condition(s) limit/affect your child at school? Yes ___ No ___

If yes, please explain

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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 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

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Request for Transportation

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.

___ 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)**