

CENTER PLACE RESTORATION SCHOOL

819 W Waldo Ave Independence, MO 64050

ENROLLMENT APPLICATION | K-12

**To Be Completed by the Parent or Guardian*

COMPLETE AND RETURN WITH \$200 (\$225 after May 31) -or- \$150 each after 3rd student • NON-REFUNDABLE APPLICATION FEE

(Please type or print clearly)

Nickname _____ DOB _____ Age as of July 31 _____ Gender: ☐ M ☐ F
Name of Student (FULL legal name (first, middle, last), as shown on the birth certificate) _____

Home Address _____ Number and Street _____ City _____ State and Zip Code _____ Telephone # _____ Social Security # _____

Grade Applying for in School Year 20_____/20_____: ☐ Kindergarten ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Does the student have a brother and/or sister applying to this school? ☐ Yes ☐ No

If yes, list all sibling(s) name(s) and grade(s): _____

Other children in the family: (please include ages) _____

CHILD CUSTODY: Any restrictions on the rights of your child's non-custodial parent which pertain to his/her involvement in normal activities in the school?
☐ Yes ☐ No (If yes, provide a copy of the legal documents with restrictions.)

APPLICANT LIVES WITH: ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian (If guardian, official guardianship papers must be on file at CPRS.)

Religious Affiliation _____ Race _____ Student Cell Number _____ Student email _____

SCHOOL DISTRICT STUDENT LIVES IN: _____ **NAME OF PUBLIC SCHOOL STUDENT WOULD ATTEND:** _____

FATHER'S (Guardian's) Last Name _____ **First Name** _____

Home Address _____

Phone # _____ Unlisted: ☐ Yes ☐ No

Email address _____

Occupation _____

Employer _____ Phone # _____

Church/Branch you attend _____

ALUMNI: ☐ Yes ☐ No Yr Graduated _____ or grds/years atnd. _____

MOTHER'S (Guardian's) Last Name _____ **First Name** _____

Home Address _____

Phone # _____ Unlisted: ☐ Yes ☐ No

Email address _____

Occupation _____

Employer _____ Phone # _____

Church/Branch you attend _____

ALUMNI: ☐ Yes ☐ No Yr Graduated _____ or grds/years atnd. _____

PAYMENT PLAN: ☐ 10 month (August 1 – May 1) ☐ 12 month (June 1 – May 1)

PERMISSION TO RECEIVE INVOICE DIGITALLY: ☐ Yes ☐ No Email address (if other than listed above) _____

PERMISSIONS:

(Please Check One and Initial)

☐ **I DO** -or- ☐ **I DO NOT** give permission for my student's image to be reproduced in the promotional materials for Center Place Restoration School, i.e., website, newsletters, newspaper articles, social media, and advertising. **INITIAL HERE:** _____

(Please Initial)

I / We give permission for him/her to take part in activities sponsored by the school, including P.E. classes, field trips, athletic events, concerts, etc., on or away from school premises, and absolve the school from liability due to any injury to my child at school or during any school activity. I further pledge my support and agreement with the standards of conduct and discipline of Center Place Restoration School. **INITIAL HERE:** _____

(Please sign indicating acceptance of the below statement.)

I / We hereby state that the information contained in this application is correct and true to the best of my knowledge. Completion and submission of this application indicates your acceptance of the policies and procedures outlined in the CPRS Parent/Student Handbook.

Parent / Legal Guardian Signature

Date

FOR CPRS STAFF ONLY:

Received: ☐ \$200-225 Application Fee (new & returning applicants)

Date Paid _____

☐ Previous Tuition Paid?

Date: _____

School Year: _____

Grade Entering: _____

Student ID#: _____

☐ New Student

☐ Returning Student

☐ Previous Student

☐ Previous School Records (new applicants)

☐ Immunization Records (new applicants)

PERSONAL HISTORY:

Indicate preference of hospital in the event of an emergency _____

Child's Physician _____ Telephone# _____

Please list all childhood diseases your child has had _____

Does the applicant regularly require any medication? (If yes, please explain.) _____

Does the applicant have any known allergies? (If yes, please list.) _____

Does the applicant have any physical limitations, including speech or hearing issues? (If yes, please explain.) _____

Does the applicant speak English as his/her second language? (If yes, please list what language is spoken at home.) _____

Has the applicant ever been diagnosed by school or physician as having any type of learning problem – physical, emotional, mental, or behavioral? (If yes, please explain.) _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD (OR EXEMPTION CARD) WITH THIS APPLICATION.

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. Use 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 guardian 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 INCOME
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,883	\$885
4	\$55,500	\$4,625	\$1,068
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	+ \$9,509	+ \$793	+ \$183

☐ **Yes, my family qualifies**☐ **No, my family does not qualify**

- THE FOLLOWING SECTION IS FOR NEW APPLICANTS ONLY -

EDUCATION HISTORY:

Last school attended _____ Grades Attended _____

Has applicant repeated any grades? ☐ Yes ☐ No If so, what grade(s)? _____

Has applicant ever been suspended, expelled, or disciplined beyond the ordinary? (Any student expelled from a school MUST wait one full semester before CPRS will consider enrollment. ☐ Yes ☐ No (If yes, please explain.) _____

Has applicant ever been tested or received special help for a reading or learning difficulty? (If yes, please summarize and include a copy of the report.) _____

Has the applicant ever been diagnosed for or enrolled in any special education program? (If yes, please explain.) _____

Does the applicant have a current I.E.P.? ☐ Yes ☐ No If so, what learning accommodations were made? _____

IF APPLICANT HAS BEEN HOME SCHOOLED, PLEASE ANSWER THE FOLLOWING QUESTIONS:

During what grades has the applicant been home schooled? _____

As of July 31, what grade level has the applicant completed? Language Arts _____ Math _____ History _____ Science _____ Reading _____

List the curriculum used for all of the subjects listed above. (Also, provide current achievement test results and documentation of grades and report cards.) _____

(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 the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.)