



**Lee A. Tolbert Community Academy**  
3400 Pasco Boulevard, Kansas City, MO 64109

## RE-ENROLLMENT SCHOLAR CHECKLIST

Scholar's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

The following items are to be completed for every scholar attending Lee A. Tolbert Community Academy (LATCA). A checkmark indicates the item has been completed.

Provided by LATCA			
Required	Item	Enclosed (Parent Check)	Enclosed (LATCA Check)
✓	Re-enrollment Scholar Application		
✓	Safe Schools Assurance		
✓	Transportation Request		
*	Two-Party Affidavit <i>(Required only if you and your scholar in the home of a district patron. Residency verification of a current utility bill, lease, or mortgage is required.)</i>		
✓	DESE Parent Questionnaire		
✓	DESE Parent Survey Form Protocol		
✓	McKinney Vento Services		
Provided by Parent			
✓	Proof of Residency <i>(Current Utility Bill, Lease, or Mortgage)</i>		

### How did you hear about LATCA?

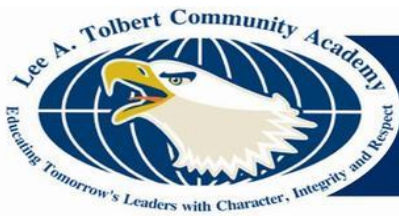
☐ Friend ☐ Radio ☐ Television ☐ Newspaper ☐ Relative ☐ Church ☐ Other: \_\_\_\_\_

Screening Date: \_\_\_\_\_ Screening Time: \_\_\_\_\_



## RE-ENROLLMENT SCHOLAR APPLICATION

Scholar's First Name	Scholar's Last Name	Scholar's Middle Name		
Scholar's Gender O Male O Female	Scholar's Date of Birth	Grade Applying For	Does Student have IEP?	If Yes, Docs Attached?
Scholar's Previous School		Previous School's City, State		
Scholar's Race / Ethnic Origin (check all that apply): O Black O White O Hispanic O Asian O Indian O Pacific Islander O Multi-Racial				
Is a language other than English spoken in your home? O Yes O No		Language:		
<b>Home Information</b>				
Scholar's Home Address		Scholar's Zip Code	Scholar's Home Number	
Scholar Lives With (check all that apply): O Both Parents O Father O Mother O Grandparents O Guardian O Uncle O Brother O Sister O Other				
Name of Person Scholar Lives With, If <i>Other Than</i> the Parent:				
Are you sharing the home of another person due to O Economic Hardship O Loss of Housing O Other If Other, please explain.				
Are the scholar and family residing in a shelter? O Yes O No Due to economic hardship, does the scholar and family have a temporary housing arrangement or reside in a hotel, motel, car, or at a campsite? O Yes O No				
<b>Parents / Guardian Information</b>				
Mother's First Name	Mother's Last Name	Mother's Cell Number		
Mother's Employer / Employer's City, State		Mother's Work Number		
Father's First Name	Father's Last Name	Father's Cell Number		
Father's Employer / Employer's City, State		Father's Work Number		
Military Affiliation (Either Parent /Guardian) O Yes O No		Branch / Affiliation:		
<b>Additional Scholars</b>				
Name	Age	Relationship	Current Grade Level	Grade Applying For
<b>Emergency Contact</b>				
Name	Relationship	Address	Home Number	Cell Number
<b>Parental / Guardian Consent</b>				
Parent's / Guardian's Signature			Date	



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## SAFE SCHOOLS ASSURANCE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please complete the following questions by checking yes or no. If you answer yes to any question, an explanation must be provided.

1. Has the applicant ever been charged or convicted of a felony? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

2. Has the student ever been adjudicated (appeared before a judge) to have committed an act, which if committed by an adult would be one of the following:

✓ First Degree Arson	✓ Felonious Restraint	✓ Property Damage
✓ First Degree Assault	✓ Possession of a Weapon	✓ Rape or Sodomy
✓ Burglary	✓ Kidnapping	✓ First Degree Robbery
✓ Child Molestation	✓ Manslaughter	✓ Sexual Abuse
✓ Distribution of Drugs to a Minor	✓ First or Second Degree Murder	✓ Sexual Assault
		✓ Sexual Misconduct

Please explain: \_\_\_\_\_

3. Is the applicant currently serving a suspension of more than 10 days? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

4. Is the applicant currently serving a suspension of more than 10 days? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

5. Is the applicant currently serving a suspension of more than 10 days? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

### **SAFE SCHOOLS ACT, HOUSE BILL 1301**

Prior to admission to any public school, a school board may require the parent, guardian or other person having control or charge of a child of school age to provide, upon enrollment, a sworn state or affirmation indicating whether the student has been expelled from school attendance at any school in this state or in any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a misdemeanor. The registration document shall be maintained as a party of the student's scholastic records.

I understand this statement will be maintained as part of the applicant's scholastic record.

\_\_\_\_\_  
Parent's / Guardian's Signature

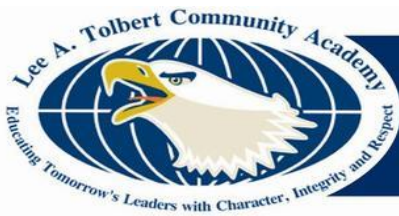
\_\_\_\_\_  
Date



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## TRANSPORTATION REQUEST

Scholar Information			
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Scholar's Name		Scholar's Grade	
Home Address			
Scholar's Home Address		Scholar's Zip Code	Scholar's Home Number
Transportation Needs			
<b>AM</b> – On most days, my scholar(s) will: <input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> LINC <input type="checkbox"/> Other (Please explain)_____			
<b>PM</b> – On most days, my scholar(s) will: <input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> LINC <input type="checkbox"/> Other (Please explain)_____			
Transportation Address (If different from Home Address)			
Scholar's Transportation Address		Trans. Zip Code	Trans Phone Number
Parents / Guardian Information			
Mother's Name		Mother's Cell Number	Mother's Work Number
Father's Name		Father's Cell Number	Father's Work Number
Emergency Contact (In the event a parent cannot be reached)			
Emergency Contact	Relationship	Home Number	Cell Number
Parental / Guardian Consent			
Parent's / Guardian Signature		Date	
Transportation Department Use Only			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason Approved or Denied	
Start Date			
Pick Up Time	AM Bus Stop	AM Route Number	AM Route In SISK12 <input type="checkbox"/> Yes <input type="checkbox"/> No
Drop Off Time	PM Bus Stop	PM Route Number	PM Route In SISK12 <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation Director's Signature		Date	



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☐ New Scholar

☐ Reprove

## TWO-PARTY AFFIDAVIT OF RESIDENCE

*For scholar / family living with a district homeowner / lease holder*

☐ I understand that the following information will be fully investigated by Lee A. Tolbert Community Academy (LATCA).

I/we, \_\_\_\_\_, am/are residing at  
*Parent / Legal Guardian Name(s)*

\_\_\_\_\_ with \_\_\_\_\_  
*Address / City / State / Zip Homeowner / Lease Holder's Printed Name*

In the LATCA school district. I have been residing there since \_\_\_\_\_. I  
*Date*  
have no other residence.

List previous address(es) within the past year:


*The scholar for whom I am applying for admission to LATCA is/are as follows:*

Scholar's Name(s)	Grade	School

I/we have provided accurate and truthful information to the best of my/our knowledge and belief. I/we have not knowingly withheld, concealed, or misrepresented any information that would have material bearing upon the eligibility of the above scholar(s) to attend the LATCA school district.

Further, I/we understand that persons making a false "Affidavit of Residence" are committing a Class A misdemeanor. Violators may be charged with such, and, upon conviction, may be jailed and/or fined. In the event, LATCA will recover costs of school attendance of pupil(s) who attend under a false affidavit. Therefore, I/we understand we will be obligated to pay any tuition monies then due and the scholar(s) will be removed from the district.

\_\_\_\_\_  
*Parent / Guardian's Printed Name*

\_\_\_\_\_  
*Homeowner / Lease Holder's Printed Name*

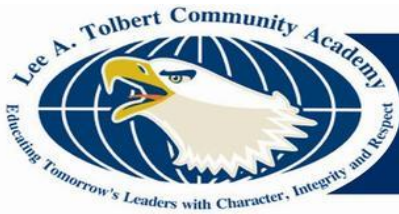
\_\_\_\_\_  
*Parent / Guardian's Signature*

\_\_\_\_\_  
*Homeowner / Lease Holder's Signature*

\_\_\_\_\_  
*Parent / Guardian's Telephone Number*

\_\_\_\_\_  
*Homeowner / Lease Holder's Telephone Number*

***In addition to a signed affidavit, a current utility bill (in the homeowner's / lease holder's name) is required as proof of residency. A current utility bill is within the last 30 days. A Two-Party Affidavit is valid for one school year only.***



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## MCKINNEY VENTO SERVICES

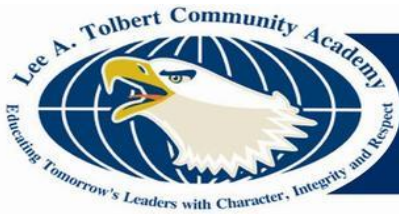
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PLEASE NOTE:

**The McKinney Vento Services are for Students/Families who are Homeless/In-Transition. Please select the services that you need assistance with:**

- ☐ Uniforms: Please Include the Size \_\_\_\_\_
- ☐ Transportation
- ☐ Field Trip Fee Assistance
- ☐ Field Trip T-Shirt
- ☐ Mattresses
- ☐ Referral to Dental, Medical, Mental Health or Other Service
- ☐ **If you have already provided your information to office staff please select this box**

**Please proceed to the next page to fill out Eligibility Questionnaire**



## MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

*All information is confidential*

This questionnaire is intended to address the McKinney-Vento Act, 42 U.S.C. 11435. The answers to these questions will help determine services a student may be eligible to receive.

Is your current address a temporary living arrangement? Yes \_\_\_\_ No \_\_\_\_

Is your temporary address due to loss of housing or economic hardship? Yes \_\_\_\_ No \_\_\_\_

If you answered "NO" to either of the questions above you may stop here.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please complete the remainder of this form. You may fill out one form for all children.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ School most recently attended: \_\_\_\_\_

Name of Parent(s) Legal Guardian(s) \_\_\_\_\_

Temporary/Physical Address: \_\_\_\_\_

Length of time at Address: \_\_\_\_\_

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

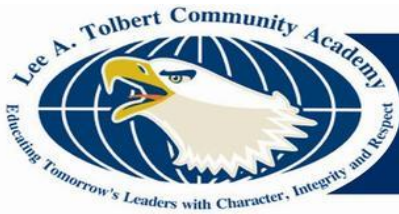
1. Where is the student presently living? (Check on box)

- ☐ Doubled up: Temporarily living with family or friends due to lack of adequate housing or financials.
- ☐ In a transitional housing program
- ☐ In a motel: Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: \_\_\_\_\_
- ☐ In a place not considered traditional "housing": Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation—Please provide information regarding area in which student is living: \_\_\_\_\_
- ☐ In a shelter: Please provide name of shelter: \_\_\_\_\_  
Address: \_\_\_\_\_
- ☐ Moving from place to place
- ☐ Abandoned at hospital

2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

*CONTINUE ON NEXT PAGE*





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## MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE CONTINUED

***All information is confidential***

3. Are you a high school student who is currently living on your own due to hardship? Yes \_\_\_\_ No \_\_\_\_

***Unaccompanied youth also qualify for services under this law***

4. Are there any pressing needs that could prevent your child from being successful in school? Yes \_\_\_\_ No \_\_\_\_

Yes....Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_