



PRE-K 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)
✓	Pre-K Scholar Application		
✓	Immigrant Form		
✓	Media Release Authorization		
✓	Medication Authorization		
✓	Parent Assurances		
✓	Parent Portal Access Agreement		
✓	Safe Schools Assurance		
*	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			
✓	Birth Certificate or Copy Of		
✓	Immunization Records		
✓	Proof of Residency <i>(Current Utility Bill, Lease, or Mortgage)</i>		

How did you hear about LATCA?

O Friend O Radio O Television O Newspaper O Relative O Church O Other: _____

Screening Date: _____ **Screening Time:** _____

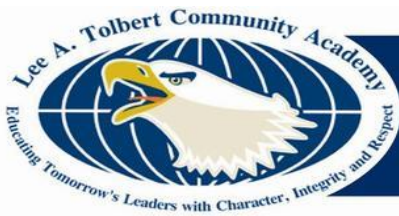


Lee A. Tolbert Community Academy
3400 Paseo Boulevard, Kansas City, MO 64109

PRE-K SCHOLAR APPLICATION

Demographic Information				
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:		
Home Information				
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				
Parents / Guardian Information				
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:		
Additional Scholars				
Name	Age	Relationship	Current Grade Level	Grade Applying For
Emergency Contact				
Name	Relationship	Address	Home Number	Cell Number
Parental / Guardian Consent				
Parent's / Guardian's Signature			Date	

Telephone: 816.561.0114 • Fax: 816.561.1015 • Enrollment phone: 816.309.9416 • enrollment@tolbertacademy.org



Lee A. Tolbert Community Academy

3400 Paseo Boulevard, Kansas City, MO 64109

IMMIGRANT / SEASONAL WORKER

Child(ren)'s Information

1. Child's Name: _____ Grade: _____

2. Child's Name: _____ Grade: _____

Please assist us in ensuring that your applicant receives all the educational benefits provided by the Lee A. Tolbert Community Academy (LATCA) staff by answering the following questions:

1. Is there another language(s), other than English spoken in your home? ☐ Yes ☐ No
Primary Language: _____ Secondary Language: _____
2. If you have moved from one school district to another within the last three years, your applicant may be eligible for a special program of supplemental services. Please answer the following questions:
☐ Yes ☐ No Before the move was either parent / guardian child or child's spouse employed in temporary or seasonal agricultural or agricultural-related work such as: planting or harvesting crops, vegetables, fruits, cotton, etc.); transporting farm products to market; feeding poultry; gathering eggs; working in hatcheries; processing poultry, beef, hogs, fruits, vegetables, etc; working in dairy or catfish farm; cutting firewood or logs to sell?
☐ Yes ☐ No Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs?
☐ Yes ☐ No Is either parent / guardian, child, or the child's spouse now employed in any of the above kinds of work?
☐ Yes ☐ No During the summer months only, have you moved away with your child or has the child moved away to engage in crop harvesting or other seasonal agricultural work?
☐ Yes ☐ No Has the child ever been suspended from school for more than 10 days?
☐ Yes ☐ No Are you homeless? If yes, are you living in a: ☐ Shelter ☐ Other
Please Explain: _____
3. Is the applicant currently expelled from the last school he / she attended? ☐ Yes ☐ No
Please Explain: _____
4. Is the applicant currently serving a suspension of more than 10 school days? ☐ Yes ☐ No
Please Explain: _____

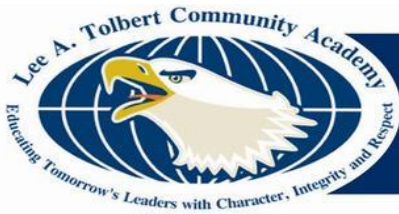
IMMIGRANT STUDENT SURVEY

1. The applicant wasn't born in any state and was been attending school in one or more states for less than three complete school years.
2. The applicant fits the definition of "immigrant" under the Immigrations and Nationality Act. As amended. Immigrant children: will include the children of lawful permanent resident aliens, refugees, asylees, parolees, persons of other immigrant status, and immigrant residents in the United States without proper documentation.
3. They will exclude children from foreign diplomats. United States citizens, children who were born abroad, and children of foreign residents temporarily in the United States for business or pleasure.
☐ In the United States Less than One (1) Year ☐ In the United States One (1) to Two (2) Years
☐ In the United States Two (2) to Three (3) Years ☐ Does Not Apply

Parent's / Guardian's Printed Name

Parent's / Guardian's Signature

Parent's / Guardian's Telephone Number



MEDIA RELEASE AUTHORIZATION

Scholar's Information

1. Scholar's Name: _____ Grade: _____
2. Scholar's Name: _____ Grade: _____
3. Scholar's Name: _____ Grade: _____
4. Scholar's Name: _____ Grade: _____
5. Scholar's Name: _____ Grade: _____

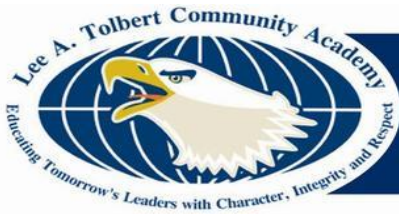
In consideration of my scholar being allowed to participate in any way at Lee A. Tolbert Community Academy (LATCA), in any official event and/or activity, the undersigned agrees that LATCA is hereby granted the unrestricted and exclusive right and permission, free from approval or review to copyright and/or use my scholar's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child when he/she may be included intact or in part for promotion or other commercial or organizational use.

- ☐ **YES** – I want my scholar's name and photograph included in the school directory, yearbook, social media, and all other print material.
- ☐ **NO** – I do **not** want my scholar's name and photograph included in the school directory, yearbook, social media, and all other printed material.

I authorize the release of the information as indicated above.

Parent's / Guardian's Signature

Date



Lee A. Tolbert Community Academy

3400 Paseo Boulevard, Kansas City, MO 64109

MEDICATION AUTHORIZATION

Scholar Information

Scholar's Name: _____ Grade: _____

Date of Birth: _____ Gender: _____

Allergies: _____

Physician's Name: _____

Physician's Telephone Number: _____

I authorize that my scholar be administered the following over-the counter medications by the Lee A. Tolbert Community Academy (LATCA) nursing staff who are qualified to administer medication.

Over-the-Counter Medication (Check all that apply)

☐ Children's Tylenol
(Dose: 1 to 2 pills)

☐ Ibuprofen
(Dose: 1 to 2 pills)

☐ Hydrocortisone Cream
(Relieves itching)

☐ Neosporin Ointment
(Soothes cuts and scrapes)

Prescription Medication

Name of Medication: _____

Prescription Number: _____ Time: _____

Method of Dispense (Pills / Drops / Liquid): _____

Dose: _____ Start Date: _____

Reason for Medication: _____

AUTHORIZATION TO RELEASE MEDIAL INFORMATION

The undersigned parent/guardian/legal representative of the above named Lee A. Tolbert Community Academy (LATCA) scholar hereby authorizes the exchange of health/medical information and records between LATCA and the above named physician. Use and disclosure shall be for the planning and implementation of any health-related care that is provided during school hours and at school-related activities.

I further authorize the LATCA nursing staff to share records and/or information that is pertinent to my scholar's academic progress with school personnel and/or other health care providers too which my child may be referred. By signing this authorization. I am certifying to the LATCA nursing staff and the above named physician that I have the lawful right to make this request and that I consent to the release of health/medical information. I understand and agree that unless previously revoked, this authorization will expire one year from the date written below.

Parent's / Guardian's Signature

Date



PARENT ASSURANCES

Scholar's Information

1. Scholar's Name: _____ Grade: _____
2. Scholar's Name: _____ Grade: _____
3. Scholar's Name: _____ Grade: _____
4. Scholar's Name: _____ Grade: _____
5. Scholar's Name: _____ Grade: _____

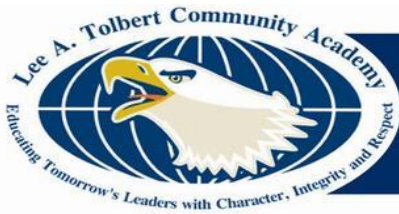
I understand that Lee A. Tolbert Community Academy (LATCA) is a public charter school and that the following efforts will be part of my responsibilities as a parent/guardian of a LATCA scholar. Therefore, I agree to the following assurances so that my scholar will be eligible to enroll:

1. I agree to participate and abide by the rules set forth in the Parent/Scholar Handbook.
2. I agree to purchase the uniform, which is required.
3. I will:
 - a. Help my scholar establish regular attendance and punctuality. (Scholars with irregular attendance and excessive tardiness will not be guaranteed a spot for the following school year.)
 - b. Attend school activities, meetings, parent-teacher conferences, mandatory Parent meetings, and all pertinent school functions.
 - c. Pay donations and classroom fees within the designated timeframe.
 - d. Follow through and see that my scholar does his/her homework assignments.
 - e. Participate and assist with Parent Board projects and functions.
4. I will monitor my scholar's academic performance and agree to:
 - a. Instructors will identify scholars not meeting the requirements for promotion by the end of first quarter.
 - b. A conference will be held with the administrator, teacher(s), and parent(s) to discuss academic concerns.
 - c. A collaborative plan will be devised for the scholar, with the understanding that I will work with LATCA to bring the scholar's performance to a satisfactory level.
 - d. Methods to assist the scholar may include tutoring, mentoring, peer tutoring, Saturday School, and/or alternate methods of evaluation.
 - e. If Saturday School is needed for my scholar's success, I will ensure that he/she attends.
5. Fundraisers:
 - a. In an effort to offset expenses for activities and supplies, I agree to support any fundraising activities. I agree to participate and sell \$200.00, profit per family for the combined fall and spring fundraisers.
 - b. I understand that in lieu of selling or participating in the fundraisers, I may donate \$200.00 to the school. The donation must be paid the first day of second quarter or my family will be expected to participate in the fundraisers.
6. In conjunction with the school, I agree to support community outreach events.
7. With a minimum of 20 volunteer hours per school year, I agree to participate in LATCA's Parent Work Service Program.

I understand that failure to meet the above expectations will cause my family to forfeit pre-enrollment opportunities.

Parent's / Guardian's Signature

Date



PARENT PORTAL ACCESS AGREEMENT

STUDENT INFORMATION SYSTEM

I understand that in order for me to have access to my scholar(s) electronic records. I must have a signed and dated parent portal access agreement on file with the Lee A. Tolbert Academy (LATCA) network administrator. Also, I understand that complete Student Information System Parent Portal, username and password instructions will be sent to me via email. Therefore, I am giving LATCA permission to send instructions to the following email that I have provided. Furthermore, this email address will grant me access to my scholar(s) electronic records.

Scholar's Information

1. Scholar's Name: _____ Grade: _____
2. Scholar's Name: _____ Grade: _____
3. Scholar's Name: _____ Grade: _____
4. Scholar's Name: _____ Grade: _____
5. Scholar's Name: _____ Grade: _____

Parental Consent:

Primary Parent's / Guardian's Name (Printed): _____

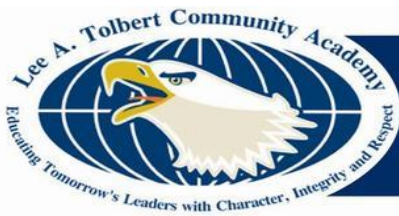
Primary Parent's / Guardian's Email Address: _____

Secondary Parent's / Guardian's Name (Printed): _____

Secondary Parent's / Guardian's Email Address: _____

Parent's / Guardian's Signature

Date



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: _____

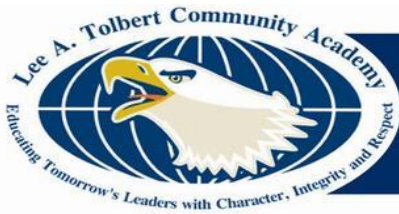
SAFE SCHOOLS ACT, HOUSE BILL 1301

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



☐ 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

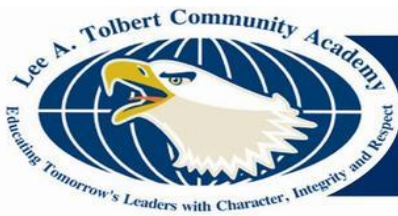
Parent / Guardian's Telephone Number

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.



Telephone: 816.561.0114 • Fax: 816.561.1015 • Enrollment phone: 816.309.9416 • enrollment@tolbertacademy.org



Lee A. Tolbert Community Academy

3400 Pasco Boulevard, Kansas City, MO 64109

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children	
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income		
<ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (firm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Service benefits 	<ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Regular cash payments from outside household 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust 	

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino
Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. "Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights."

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly $\times 52$, Every 2 Weeks $\times 26$, Twice a Month $\times 24$, Monthly $\times 12$. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	How often?	Household size	Categorical Eligibility	Eligibility
<input type="text"/>	<input type="radio"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> Twice a Month <input type="radio"/> Monthly <input type="radio"/> Annual	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-1600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-4339.

To file a program discrimination complaint, a Complainant should complete a Form AO-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ao-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AO-3027 form or letter must be submitted to USDA by:

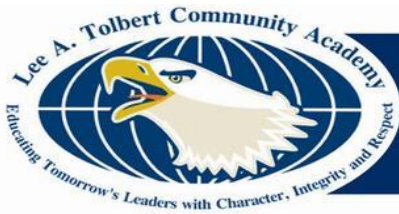
MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410

FAX: (833) 255-1666 or (202) 690-7445; or
program.intake@usda.gov

"Do not mail applications to this address, only complaints of discrimination."

Return completed form to your child's school.

This institution is an equal opportunity provider.



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

MCKINNEY VENTO SERVICES

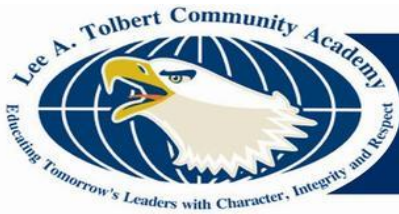
Student Name: _____ Grade: _____

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: _____

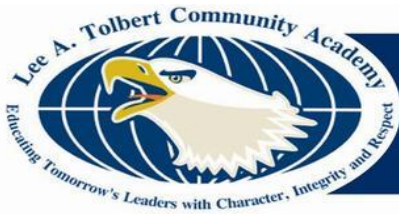
Phone Number: _____

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



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: _____

