



Our mission at Carondelet Leadership Academy is to prepare young men and women with a solid foundation of basic academic and social skills, which will ensure success, both at the secondary school level and for future participation in post-secondary education and/or the workplace.

We seek to accomplish our mission through creating an educational institution with a rigorous curriculum, high-quality teachers and a school culture that encourages and respects students; treats and rewards teachers as professionals; and welcomes parent involvement.

The following documents are needed in order to complete the registration process. Failure to submit all required documents might result in the student's placement on a waiting list until all documents are received and classroom space becomes available.

- Birth Certificate
- Social Security Card
- Immunization Records
- Proof of Residency **within the City of St. Louis**
 - Recent unpaid utility bill; or
 - Current Lease Agreement
- Most Recent Report Card
- Picture ID of Parent or Legal Guardian
- Discipline Record *(if applicable)*
- Individualized Education Plan (IEP) *(If applicable)*
- Proof of Guardianship *(if applicable)*

Before and After School Programs: (CLA is a no transportation school)

- House of Montessori, 7814 S. Broadway Janet Scarim, 314-351-6450
(van ride to and from school, open 6am to 6pm)
- Precious Children Day Care, 5880 Christy Blvd 314-352-1502
(van ride from school, open 6:30am to 8pm)

Uniforms:

- Khaki pants, shorts, skirts or jumpers
 - Plain black or brown belt
 - Black, brown or white dress shoes or gym shoes
 - Hunter green collared polo **with school logo** (available at CLA)
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NEW STUDENT ENROLLMENT

Student Information

Last Name	First Name	Middle Name	Date of Birth
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Residence Address	Apt #	City	State	Zip Code
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Gender: Male Female Social Security Number _____ Applying Grade: _____

Student Lives with: Both Parents Mother Father Guardian Foster Home Other _____

Ethnicity: Black / African American White/Caucasian Hispanic / Latin
 Asian / Pacific Islander American Indian / Alaska Native Multi-Racial
 Other _____

Primary Household

PARENT/GUARDIAN WITH WHOM STUDENT **RESIDES**

Last Name	First Name	Relationship
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Residence Address	Apt #	City	State	Zip Code
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Home Phone	Cell Phone	Work Phone	Email Address
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OTHER PARENT/GUARDIAN WITH WHOM STUDENT **RESIDES**

Last Name	First Name	Relationship
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Home Phone	Cell Phone	Work Phone	Email Address
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Homeless Status

- YES NO Are you sharing the housing of other persons due to loss of housing, economic hardship or a similar reason?
- YES NO 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?

CLA does not discriminate on the basis of race, color, religion, gender, national origin, age or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 or Title II of the Americans with Disabilities Act of 1990. No person shall be excluded from participation in, or be denied the benefits of any service; or be subjected to discrimination because of race, color, national origin, religion, sex, age or disability.

Secondary Household

OTHER PARENT/GUARDIAN WITH WHOM STUDENT DOES **NOT** RESIDE

Last Name	First Name	Relationship
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Residence Address	Apt #	City	State	Zip Code
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Home Phone	Cell Phone	Work Phone	Email Address
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Home Language Survey

YES NO Does the student speak a language other than English as a primary form of communication?

If yes, Language. _____

YES NO Is a language other than English spoken in the home as a form of communication?

If yes, Language. _____

YES NO Has your child ever been in a bilingual or English as a Second Language (ESL) program?

If yes, how many years? _____

Sibling Information

LIST BROTHER(S)/SISTER(S)

Last Name	First Name	Grade	School Name
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Last Name	First Name	Grade	School Name
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Last Name	First Name	Grade	School Name
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Previous School's Information

School's Name	School's City & State	Grade
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School's Name	School's City & State	Grade
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Is your child currently suspended / expelled from any school in this state or any other state? Yes No

If yes, please explain. _____

Student Services Intake Information

- YES NO Has your child been screened for special education by the public schools?
- YES NO Was the previous school considering or investigating whether your child has a disability?
- YES NO Has your child received special education services under the Individuals with Disabilities Education Act?
- YES NO Does your child have a current Individual Educational Plan (IEP)?
If yes, please provide a copy.
- YES NO Does your child receive services under Section 504 of the Rehabilitation Act of 1973?
If yes, please provide a copy of the most recent Individual Accommodation Plan (IAP) and evaluation.
- YES NO Is your child currently receiving Title I or Remedial Reading Services?
- YES NO Is your child currently receiving Formal Gifted Program Services?

Military

A Military Connected Student is a student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces. Include children who are living with family due to parents being deployed. Check one:

_____ Not Military Connected _____ Active Duty _____ National Guard or Reserve

Emergency Information and Treatment

I give Carondelet Leadership Academy permission to seek medical treatment for my child in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided to my child.

My preferred hospital is: _____

I authorize Carondelet Leadership Academy to release my child to the following adults:

Last Name	First Name	Relationship
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Home Phone	Cell Phone	Work Phone
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Last Name	First Name	Relationship
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Home Phone	Cell Phone	Work Phone
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Signature of Parent/Legal Guardian

Date

Migratory Status

If you have moved from one school district to another in the past six years, please answer the following questions; they will help us determine whether your child is eligible for a special program of supplemental services.

- YES NO Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or Agriculture-related work (planting or harvesting crops, landscaping, transporting farm products to market, processing meat or vegetables, etc.)?
- 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 (or guardian) now employed in any of the above kinds of work?
- YES NO Have you moved away with your child during only the summer months to work in seasonal agriculture?

Please place an "X" in the box next to any of the following items if appropriate. Otherwise, it is assumed if you grant permission for CLA to release or use the information as specified.

- CLA MAY NOT release my child's directory information.**
Under Federal Education Rights and Privacy Act, public school districts are allowed to release basic directory information which is student's name, grade level, parent/guardian names, address, telephone number, date of birth, major field of study, participation in activities and sports including audiovisual or photographic records or the openly visible activities thereof, weight and height of members of athletic teams, dates of attendance, degrees and awards received, most recent school attended by student, enrollment status, photographs including photographs of regular school activities that do not disclose specific academic information about the child and/or would not be considered harmful or an invasion of privacy. **If you do not wish for this information to be released, please put an "X" in the corresponding box.**
- My child's name MAY NOT be included in the school buzz book.**
You do not wish for your child's name to be included in the school buzz book. If you put an "X" in the previous box denying release of directory information and do not put an "X" in this box, then your child's name will be included in the buzz book.
- My child MAY NOT be photographed and/or taped for publication or public use. I understand this includes school pictures and yearbook. Denial of permission does not affect the district's authority to use video cameras for law enforcement and discipline purposes.**
You do not wish your student to be photographed or videotaped at school or during school activities. **This includes annual school pictures and electronic images to be published in school publication for electronic media. This also means your child will not appear in the yearbook and on CLA websites.**
- Medical/health concerns related to my child MAY NOT be disclosed to school staff.**
You do not wish the school nurse to report your child's health issues/problems to the administrators/teachers and other district staff who work with him/her. **Please be aware denial of this information to the staff working with your child could cause serious consequences in the event of an emergency.**

I acknowledge that all of the information on these pages is true and accurate.

Signature of Parent/Legal Guardian

Date



7604 Michigan Avenue ~ St. Louis, MO 63111

Phone: 314-802-8744 Fax: 314-802-8721

CONSENT FOR THE RELEASE OF INFORMATION

Date of Request: _____

Student's Name: _____ Applying Grade: _____ DOB: _____

Carondelet Leadership Academy requests information from:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Information to be released:

- ___ Cumulative permanent school records including
1. Grades up to and at the time of withdrawal
 2. Achievement test scores with the name of tests and dates given
 3. Attendance records
 4. Discipline records

___ Health information, including complete record of immunizations

___ Psychological/Medical reports if needed for educational placement

___ If applicable, Special Education records (current IEP and reevaluations)

___ If applicable, Section 504 Plan and related evaluations

___ Last date of attendance at your school: _____

___ Other (Specify) _____

This information is being obtained for educational purposes.

Your signature grants the sending school permission to forward your child's school records to Carondelet Leadership Academy.

Parent/Guardian Signature: _____ Date: _____

The State of Missouri requires that any school district, which receives a request for educational records from another school district enrolling a pupil who had previously attended a school in the district from which the student is transferring, will respond to such request within five business days of receiving the request with or without a parent's signature.

Health History Form - Carondelet Leadership Academy

GRADE

NAME		BIRTHDATE	SEX
ADDRESS			
FATHER/GUARDIAN	PRIMARY PHONE	ALTERNATE PHONE	
MOTHER/GUARDIAN	PRIMARY PHONE	ALTERNATE PHONE	
EMERGENCY CONTACT (NAME & PHONE)		RELATIONSHIP TO CHILD	

Please circle any of the following that affect your child:

Asthma	Allergies	Diabetes
Blood Disorders	Ear Problems	Vision Problems
Seizures	Heart Problems	Emotional Problems
Skin Diseases	Frequent Sore Throats	Kidney Problems

Explain all of the circled items:

List any allergies that affect your child:

List any hospitalizations; when and what for?

List any surgeries; when and what for?

Medications: List all prescribed medications or any other taken on a regular basis?

EMERGENCY ACTION needed for your child's health condition while at school? Yes No (circle one)

If yes describe: _____

Any other medical issue the school should know about this student? Yes No (circle one)

If yes describe: _____

Do you authorize this information to be shared with appropriate school personnel? Yes No (circle one)

Parent/Guardian Signature _____ Date _____



PARENT PERMISSION TO GIVE OCCASIONAL OVER-THE-COUNTER MEDICATION

Student Name _____ Grade _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want any OTC meds given to my student

ORAL:

_____ Ibuprofen (i.e. Advil, Motrin, Nuprin)

_____ Antacid (i.e. Tums)

_____ Antihistamine (i.e. Benadryl)

OTC medications will be given at the manufacturer's recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

(Signature of Parent or Guardian) (Date)

*The school is not able to supply medication for frequent or daily use.