

THE
SOULARD * SCHOOL

2019-20 Application for Elementary Placement

Today's Date: _____

Child's Full Name _____

Date of Birth _____ * Age as of Aug. 1, 2019 _____
Last First Middle Preferred Name

Child's Primary Address _____

City, State, Zip _____ Phone Number _____

Grade Applying For _____

Current School _____ Current Grade _____

Gender Boy Girl

Ethnicity African-American/Black Caucasian/White Hispanic Asian/Pacific
 American Indian Multi-Racial/Multi-Ethnic: _____

We are submitting multiple applications. Please see _____ (sibling names).

How did you hear about The Soulard School? Please include individual names so we can thank them!

PARENTS/GUARDIANS

Child resides primarily with: Both parents Mother Father Legal Guardian
 Other: _____

Parent/Guardian #1's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

Parent/Guardian #2's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

Step-parent/Guardian's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

Step-parent/Guardian's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

SIBLINGS

Names and dates of birth of applicant's siblings residing in the home:

* Applicants for kindergarten must turn 5 before August 1, 2019.

CHILD

Please briefly describe your child: _____

Why do you want to send your child to The Soulard School? _____

The Soulard School adheres to the belief that a school community that includes and respects people of different talents, interests, abilities, races, cultures, income-levels, lifestyles, and religions can surpass the potential of any homogeneous group in helping children develop respect for their own talents and differences while they learn to value others. Soulard School admits students of any race, religion, color and national or ethnic origin. Please let us know of the need for any special accommodations your child might require.

OTHER REQUIRED MATERIALS

The Soulard School is a tuition-free public charter school. In order for this application to be complete, families must provide the following:

- Copy of Birth Certificate
- Copy of Immunization Record
- Proof of St. Louis City Residency – choose one of the following:
 - Current utility bill with City address and parent/guardian's name
 - Current lease agreement with City address and parent/guardian's name
 - Current bank statement, car loan statement, mortgage statement or social services letter with City address and parent/guardian's name
- School Records Request Form if applying for 1st-5th grade
- IEP, 504 Plan and/or Allergy Action Plan, if applicable

Upon enrollment, families will need to complete additional documents prior to the start of the school year.

Sign below to indicate you agree with the following statements:

- I certify that all the above information is correct and that the applicant is a St. Louis City resident.
- I understand that any false information or incomplete documents may result in my child being ineligible to attend the school, even after lottery selection.
- I certify that I am the parent/guardian of the above child.
- I understand that submitting this application does not ensure placement in the school, and that if there are more applicants than spaces available, a lottery will be conducted.
- I understand that if my child is not placed this year, s/he will need to reapply the following school year.

Signature

Date

The Soulard School
1110 Victor St.
St. Louis, MO 63104

info@soulardschool.org
www.soulardschool.org
T: 314.865.2799 F: 314.773.8849

For Administrative Purposes only:

Date Received: _____

OH/T: _____

LOT: _____ WL#: _____

THE
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Home Language Survey

Student Name (Last, First): _____

How many years has your child attended school (including preschool) in the United States?

Preschool (# of years): _____

Elementary School K-5 (# of years): _____

Is any language other than English spoken in the home? Yes No

If yes, which other languages? _____

Is your child a native speaker of the languages listed in the home? Yes No

Who speaks these other languages? _____

Which of the following best describes your child?

____ Understands only English

____ Understands only home language listed

____ Understands English and home language

Which language does your child understand best? English Home Language Both equally

Which language does your child speak most of the time? English Home Language

What language do you (parent) speak most of the time? English Home Language

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

Parent Signature: _____

Date: _____

THE
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Student Services Intake Form p.1

Student Name (Last, First): _____

The Soulard School is committed to providing quality education to all students, including those with special needs.

- Y/N 1. Has your child ever been suspended or expelled from any school?
- Y/N a. If the answer is yes, was any such suspension or expulsion for an offense related to weapons, alcohol or drugs, or for the willful infliction of injury to another student?
- b. If yes, provide name of school and district, approximate date(s) of incident(s) and nature of offense(s).
- Y/N 2. Has your child been involved with early intervention services (birth to age 3)?
- Y/N 3. Has your child been screened for special education by the public schools?
- Y/N 4. Does your child have a current Individual Education Plan (IEP)?
Please provide copy of IEP
- Y/N 5. Has your child ever received special education services?
- Y/N 6. Does your child receive services under Section 504 of the Rehab. Act of 1973?
Please provide copy of 504 plan
7. Please circle any of the following services your child has received and/or still receives:
- a. Speech & language
 - b. Physical therapy
 - c. Self-contained classroom
 - d. Inclusion services
 - e. Orientation & mobility
 - f. Adapted physical education
 - g. Occupational therapy
 - h. Counseling
 - i. Other: _____
- Y/N 8. Does your child wear glasses?
- Y/N 9. Does your child wear a hearing aid?
- Y/N 10. Are you concerned your child has a special need that has not yet been evaluated?
If yes, please explain: _____

Parent Signature: _____

Date: _____

THE
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Student Services Intake Form p.2

Student Name (Last, First): _____

STUDENT RESIDENCY STATUS

Does the student currently reside:

- In shared housing due to loss of housing, economic hardship, or a similar reason?
Please provide explanation if similar reason: _____
- At a motel, hotel, trailer park or camping grounds due to lack of adequate alternative accommodations?
- In an emergency or transitional shelter?
- In a car, abandoned building, public place, or a similar setting not originally designed for sleeping accommodations?
- In a temporary housing arrangement due to economic hardship?
- None of the above.

MIGRATORY STATUS

If you have a student (age 5-21), and you have moved from one school district to another in the past six years, your child may be eligible for a special program of supplemental services. Answering these questions will help determine eligibility.

Have you moved in the last six years? Yes No

If no, skip the rest of this section.

Before the move, was either parent or guardian employed in some form of temporary or seasonal agriculture such as: planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry; gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a 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 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 engage in crop harvesting or other seasonal, agricultural work? Yes No

MILITARY STATUS

Is there a family member in the home that is connected to military service? Yes No

If yes, which best describes the current military service?

_____ Active duty _____ National Guard/Reserve

Parent Signature: _____

Date: _____

THE SOULARD SCHOOL

School Records Request Form

Parents:

Missouri law requires The Soulard School to request your student's records from prior schools. Your signature grants the sending school permission to forward records to The Soulard School. Please complete separate forms for all schools grades K-5 that the student has previously attended.

Name of current/prior school: _____

School's Address: _____

School's Phone Number: _____ Fax: _____

Student's Name: _____

Date of Birth: _____ Current Grade/Class: _____

Parent Signature: _____ Date: _____

School:

The above student has submitted an enrollment application to The Soulard School for the 2019-20 school year.

Please provide copies of all records, including:

- Report cards
- Attendance records
- Health records
- Discipline records
- Special Education evaluations, reports, IEPs and reevaluations
- Section 504 Plan and related evaluations
- Standardized test scores

The State of Missouri requires that any school district receiving a request for education records from another school district enrolling a pupil who has 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.

Please forward the above documentation to:

The Soulard School
1110 Victor St.
St. Louis, MO 63104
Fax: 314-773-8849
Phone: 314-865-2799
E-mail (preferred): info@soulardschool.org