

Student's Name _____

Grade _____



Student Application 2012-2013

1. Complete the following application in it's entirety for each student you wish to enroll.
2. Return the completed application to Lift for Life Academy with the following documents:
 - Proof of City of St. Louis residency (lease agreement, utility bill, etc.)
 - Child's birth certificate
 - Child's social security card
 - Child's up-to-date immunization record
 - Current report card
 - Parent's ID

All of these items **must be included** with the application in order for your student to be considered for enrollment.

Notice of Non-Discrimination:

It is the policy of Lift For Life Academy not to 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 and Title II of 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.

Lift for Life Academy
1731 South Broadway • St. Louis, MO 63104 • 314.231.2337 • 314.231.1299 fax
liftforlifeacademy.org
Marshall Cohen, Founder & Executive Director
Katrice Noble, Principal

For Office Use Only:

Acc: ___A ___W Docs Received: ___B ___S ___PR ___I ___G ___ID App Complete: _____

Today's Date: _____

Student's Name: _____
Last First M.I.

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Gender: Male Female

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

Grade Student will be in: _____

Parent/Guardian #1 Last Name First Name

Address City State Zip Code

Home Phone Cell Phone Work Phone

Email Address Employer's Name and Address

Parent/Guardian #2 Last Name First Name

Address City State Zip Code

Home Phone Cell Phone Work Phone

Email Address Employer's Name and Address

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

How did you hear about Lift for Life Academy? (Check all that apply) Radio Newspaper
 TV Mailing Flyer Family/Friend Door-to-Door Meeting Head Start
 Walk-in Sibling is enrolled Website Other _____

Are any brothers or sisters of the applicant also applying to LFLA? Yes No

If yes, please list name(s): _____

Safe Schools: Has the applicant been suspended or expelled from any school (public, private, or charter) in this state or any other state? Yes No If yes, please give the name and address of the school:

If the above answer is Yes, was the suspension or expulsion for an offense relating to weapons, alcohol, drugs, or willful infliction of injury to another person? Yes No

Homeless Status

Do the student and his/her family currently lack a fixed, regular, adequate, and non-public nighttime residence? Yes No

Are you currently residing in a shelter? Yes No

Are you currently living in a temporary housing arrangement due to economic hardship? Yes No

English Language Learners

Are there any languages other than English spoken in the home? Yes No

If yes, please identify the student and/or family's home language _____

Has the student ever received English Language Learning or English as a Second Language (ESL) instruction at a previous school? Yes No

Migrant Education

Has the student and his/her family ever moved in order to work in temporary or seasonal agricultural work? Yes No

Title I Notifications

Lift for Life Academy receives federal funds in support of its educational objectives. Parents have the right to inquire as to how these monies are used to support the educational achievement of all students. If you have any questions, please contact the Federal Program Coordinator at 1731 South Broadway, St. Louis, MO, 63104.

Professional Qualification of Teaching Faculty

Parents have the right to make inquiries into the professional qualifications of teachers as part of the No Child Left Behind Act. Inquires may be made to the school's administration during normal operating hours.

Student's Name _____

Student Services Intake Information

Has the student been referred for special education evaluations or been evaluated by the current or previous school district? Yes No

Does your child have a current Individual Education Plan (IEP)? Yes No

If yes, please provide us a copy.

Has your child ever received special education services? Yes No

Does your child receive services under section 504 of the Rehabilitation Act of 1973? Yes No

If yes, please provide up a copy of the 504 plan.

Are you concerned that your child may have a special need that has not been evaluated yet? Yes No

If yes, please explain. _____

Medical History

Please check any of the following conditions affecting your child:

____ Asthma

____ Rheumatic Fever

____ Hepatitis

____ Weight Problems

____ Skin Disease

____ Vision Problems

____ Diabetes

____ Hearing Problems

____ Arthritis

____ Emotional Problems

____ Polio

____ Kidney Disease

____ Ulcers

____ High Blood Pressure

____ Seizures

____ Bladder Problems

____ Blood Disease

____ Allergies*

Please explain any of the items checked above, including other conditions not listed, and include and health conditions that require special attention from the school: _____

*List any allergies that affect your child: _____

Please list all medications your child takes regularly: _____

I give permission for the school to administer the following over the counter medications:

Ibuprofen Tylenol/Acetaminophen Antacids Cough Drops

Parent/Guardian Signature

Date

Medical Emergency Information/Waiver 2012-2013

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

If Parent/Guardian(s) cannot be reached, Emergency Contact 1:

Name: _____

Address: _____

Phone Number(s): _____

Relationship to student: _____

If Parent/Guardian(s) cannot be reached, Emergency Contact 2:

Name: _____

Address: _____

Phone Number(s): _____

Relationship to student: _____

Physician's Name: _____ Phone: _____

Note: In order to be administered at school, prescription medications must be accompanied by a doctor's signature, a parental consent form, and must be in the original pharmacy container. Forms are attached in this packet and are available in the school office.

I give Lift for Life 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 medical care provided to my child.

My preferred hospital is: _____

Parent/Guardian Signature

Date

Permission to Medicate 2012-2013

(To be completed if student is taking prescription medicine while at school)

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

Medication: _____

Reason for taking: _____

Dosage: _____ Time(s) to be given: _____

Prescribing Doctor: _____ Phone: _____

Special Instructions: _____

Please give the above medication for _____ days, beginning _____ (not to exceed one school year).

Physician Authorization

Printed Name of Prescriber: _____

Signature of Prescriber: _____ Date: _____

Parent Authorization

I authorize Lift for Life Academy to assist my child in taking the above medication, and I agree that I will not hold liable any member of the Lift for Life Academy staff who is directed by me and the administrator to assist my child in taking the medication.

Parent/Guardian Signature: _____ Date: _____

Lift for Life Academy Photo Release Form

Dear Parent/Guardian:

During the current school year, your child's photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Posted on the school website
- In videos made during a student presentation of their project
- In videos to appear in a school-related program to be used by a local television station
- In a printed publication such as a newspaper or magazine

While your child's name may accompany the photo, no last name or address will be included with your child's picture when published on the Internet.

Please sign the release form below and return this sheet to Lift for Life Academy. Your permission grants us approval to publicize without prior notification, and remains in effect until revoked. Thank you for your cooperation.

Release Statement:

____ I/we DO give permission for (child's full name) _____'s image/photograph or work to be used as described above.

____ I/we DO NOT give permission for (child's full name) _____'s image/photograph or work to be used as described above.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Internet Agreement

I understand that my child's technology usage is not private and that Lift for Life Academy will monitor my child's use of the school technology. I consent to school interception of or access to all communications sent, received, or stored by my child using the school technology resources. I agree to be responsible for any unauthorized costs arising from my child's use of the school technology resources and also agree to be responsible for damages incurred by my child. Violation of the school's internet policy, as stated in the student handbook, may result in disciplinary action taken against my child, including but not limited to suspension or expulsion from Lift for Life Academy.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Lift for Life Academy Parent/School/Student Compact 2012-2013

Parent/Guardian Commitment:

I want my child to reach his/her full academic potential. Therefore, I will commit to do all of the following:

- Ensure that my child attends school everyday
- Send my child to school on time and ready to learn
- Review homework assignments and offer assistance when needed
- Show an interest in my child's well being by attending school functions, supporting school activities, and making every effort to attend parent/teacher conferences
- Provide reinforcement of and model the skills embraced at school that develop respectful attitudes and behaviors

Parent Signature: _____

Teacher/Administrator Commitment:

We want our students to reach their full academic potential. Therefore, we will commit to do all of the following:

- Set high instructional expectations for all students and promote the development of the Academy's content standards and benchmarks
- Teach effective study skills and strategies to ensure retention of learning
- Communicate successes and concerns with parents in an efficient and frequent manner
- Establish flexible scheduling and create a warm atmosphere for parents/guardians during classroom visits and participation in activities
- Provide a safe and supportive environment that nurtures success, where all children are treated fairly with respect and compassion
- Consider accessing possible resources for extenuating circumstances shared with appropriate staff by the parents/guardians to assist them to realize a full commitment

Administrator Signature: _____

Student Commitment:

I want to reach my full academic potential. Therefore, I will commit to do all of the following:

- Arrive at school and attend class on time everyday
- Show respect at all times to everyone who is a part of the school by not acting hostile or creating fear in others
- Obey all of the classroom rules and conduct myself accordingly
- Pay attention in class and participate in classroom discussions
- Complete all classroom lessons and homework on time
- Do my best and continue to try even when the work is difficult

Student Signature: _____

Lift for Life Academy High School Student Entrance Essay 2012-2013

Please use the space below to write a short essay describing why you believe that you are a good candidate to attend Lift for Life Academy High School. If you prefer, you may type your essay and attach it to this form.

(Only applicable for high school students. Middle school students, please continue to the next page of the application.)

Residency Requirement

Lift for Life Academy is a tuition-free, public charter school serving children in grades six through twelve. Parents and guardians who wish to enroll their children at Lift for Life Academy must be residents within the boundaries of the City of St. Louis, MO, as mandated by the school's charter. Non-residents who wish to enroll children at a school in the city should direct their inquiries to the St. Louis Public Schools. Residency can be a verified mortgage statement, lease agreement, rent receipt, utility bill, or other accepted documents used by the St. Louis Public Schools.

To the best of my knowledge, the information provided in this application is accurate.
(Giving false information may make this application and/or enrollment invalid.)

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

To begin the application process, you can mail your completed form to the following address, or fax it to LFLA at (314) 231-1299. Please call the LFLA office at (314) 231-2337 to arrange to meet with the principal and submit additional documentation.

Lift for Life Academy
1731 South Broadway
St. Louis, MO 63104

Lift for Life Academy accepts federal dollars and is required to post complaint procedures under No Child Left Behind. If you would like to make a comment or complaint concerning the academy's federal programs and/or use of federal dollars, then please contact our administrative offices at (314)231-2337.

CONSENT, WAIVER AND RELEASE FORM

PLEASE READ CAREFULLY AND SIGN

I am the parent or legal guardian of the below-named minor child (the “MINOR”) and I am authorized to make decisions on the MINOR’s behalf. In consideration of the MINOR being allowed to participate in the Lift For Life Academy, Inc. (LFL) athletic/sports program and/or other LFL-related events and activities whether at the LFL facility at _____, St. Louis, Missouri or elsewhere, I hereby consent to the MINOR’S participation and additionally I:

1. ACKNOWLEDGE AND FULLY UNDERSTAND that the MINOR will be engaging in activities that may involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used, the risks related to or arising from the transportation of the MINOR to or from LFL events or other related events or activities, as well as (if applicable) the additional risks rising from participation as described in Paragraph 6 below. Further, I understand that there may be other risks not known or not reasonably foreseeable at this time. I also understand that if requested I will also complete, sign and deliver a medical emergency form, eligibility and authorization statement or other participation form if requested by LFL.
2. ASSUME all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.
3. RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE Lift For Life Academy, Lift for Life Gym, their respective affiliated clubs, promoters, other participants, operators, officials, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, and all of their respective officers, directors, agents, contractors, representatives and employees, all of which are hereinafter individually and collectively referred to as “releasees,” as to any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, liabilities, losses or damages on account of personal injury including death, disability or illness, or damage to property, arising out of or relating to the MINOR’s participation in LFL activities or programs, including situations caused or alleged to be caused in whole or in part by the negligence of the releasee.
4. AUTHORIZE, in the event that the MINOR sustain injury or illness while competing/participating with LFL or otherwise contemplated herein, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the MINOR permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.

5. CONSENT to allow the MINOR'S picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of LFL in any manner incidental to his or her participation with LFL, without compensation.
6. WHETHER OR NOT THE MINOR TRAVELS ALONE OR WITH OR WITHOUT SUPERVISION BY LFL OR ON TRANSPORTATION PROVIDED BY LFL OR ADULTS AFFILIATED WITH LFL, ADDITIONALLY CONSENT AND ACKNOWLEDGE that in the case of such travel and participation whether with or without adult supervision and whether with or without LFL supervision there are additional risks and I agree to assume all risks, known and unknown and accept personal responsibility for the damages following injury, permanent disability or death arising out of such transportation. This release, waiver and assumption applies to all instances of transportation notwithstanding who provides it.
7. Further, acknowledge and agree that the MINOR shall be required to adhere to the participant's code of conduct provided by or through LFL and the undersigned shall be responsible for ensuring that the MINOR follows the code of conduct.

ALL OF THE UNDERSIGNED HAVE READ THE ABOVE CONSENT, WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. *THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.*

I, _____ Parent/Guardian of _____ hereby execute the foregoing Waiver and Release for and on behalf of a MINOR and agree to bind myself, MINOR and any heirs, next of kin, assigns or personal representatives to the terms of this Consent, Waiver and Release. I agree to indemnify and hold harmless LFL for any expenses, claims or liabilities that may arise as a result of insufficiency of my full legal authority to execute the foregoing Consent, Waiver and Release.

MINOR'S Name: _____ D.O.B. _____

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____



Request for Student Records

Lift for Life Academy
1731 South Broadway
St. Louis, MO 63104
(314)231-2337

I, _____ (Parent/Guardian), give permission to Lift for Life Academy to obtain documents and records pertaining to my student's educational history.

Student's Name _____

Previous School Name _____

City and State of Previous School _____

Documents Requested:

___ Individualized Education Program

___ Evaluations

___ Assessment/Testing

___ Grades

___ Discipline Profile

___ Attendance Record

___ Shot Records/Immunization History

___ Behavioral Information Forms

___ Other (_____)

Parent Signature*

Date

Registrar: Pursuant to the Missouri Safe Schools Act of 1996, we are requesting that these records be sent within five (5) days:

Please fax records to the LFLA Registrar at (314) 231-1299

*Per the Family Educational Rights and Privacy Act of 1976 (FERPA), parent consent is not necessary to release school records to educational institutions in which a student is attempting to enroll.