

STUDENT'S NAME _____

STUDENT'S GRADE LEVEL IN 2018-2019 _____

LIFT FOR LIFE ACADEMY

2019-2020

Student Application

Lift for Life Academy

1731 South Broadway St. Louis, MO 63104

Phone: (314) 231-2337 General fax: (314) 231-1299

Registrar's fax: (314) 334-0917

Please send the application and all documents to registrar if faxing
www.liftforlifeacademy.org

- Complete the following application in its entirety for each student you wish to enroll.

- Return the completed application to Lift for Life Academy with the following documents:

_____ Current Proof of City of St. Louis residency (lease agreement/ utility bill)

_____ Child's birth certificate

_____ Child's up-to-date immunization record

_____ Current Physical for 6th, 9th, and 11th graders and athletes

_____ Current transcript

_____ Parent's ID

_____ IEP and initial and re-evaluations (if applicable)

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

Once all information has been received, you will be contacted by mail regarding placement status.

Date Turned In: _____

Grade in 2018-2019: _____

Student's Name: _____

First

Last

Date of Birth: _____

Gender: Male Female

Race/Ethnicity: Black/African American Caucasian Hispanic Asian

American Indian/Alaskan Native Multi-Racial Pacific Islander/Hawaiian

Social Security Number: _____

Previous/Current School and District: _____

Parent/Guardian #1: _____

First Name

Last Name

Address _____

City

State

Zip Code

Home Phone _____

Cell Phone (if different than home phone)

Work Phone

Relationship to Student _____

Email Address

Parent/Guardian #2: _____

First Name

Last Name

Address _____

City

State

Zip Code

Home Phone _____

Cell Phone (if different than home phone)

Work Phone

Relationship to Student _____

Email Address

Student lives with: Both Parents Mother Father Guardian

Foster Home Other _____

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.

Immediate Family Members:

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

If yes, please list name(s): _____

Are any brothers or sisters of the applicant currently attending LFLA? Yes No

If yes, please list name(s): _____

Is either parent or guardian currently in Military Service? 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

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No

Please provide explanation of similar reason:

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

Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged because of economic reasons? Yes No

Are you currently residing in a shelter? Yes No

English Language Learners:

Is a language other than English used in the home? Yes No

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

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

Migrant Education:

Has the student or his/her family been employed within the last three years in some form of temporary or seasonal agricultural or agricultural-related work? Yes No

Student Services Intake Information

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

If yes, you must provide a copy of the IEP, initial evaluation, and reevaluations.

Has the student been referred for special education evaluations or been evaluated by any previous schools, but the evaluation did not result in your student receiving 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.

Medical History

Please check any of the following conditions affecting your child:

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Dislexia | <input type="checkbox"/> Bladder Problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Food Allergies* |
| <input type="checkbox"/> Weight Problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vision Problems | |

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 could affect your child while at school: _____

Please list all medications your child takes regularly: _____

If your student will be taking prescription medicine while at school, please inform the staff so that an additional form can be completed.

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.

FERPA/Medical Emergency Information

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

Name: _____

Address: _____

Phone Number(s): _____

Relationship to student: _____

Would you like this person to have access to your student's academic records? Yes No

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

Name: _____

Address: _____

Phone Number(s): _____

Relationship to student: _____

Would you like this person to have access to your student's academic records? Yes No

PLEASE READ AND SIGN BELOW:

-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.

-The people listed above will permanently be on your child's records unless the person who initially enrolled the students request in writing that they be removed.

- 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.

-Parent's rights as part of the No Child Left Behind Act

Lift for Life Academy accepts federal dollars and is required to post complaint procedures and to make inquiries into the professional qualifications of teachers 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.

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

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 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: _____

LFLA IS COMMITTED TO YOU!

Lift for Life Academy Parent/Student/School Compact 2018-2019

Parent/Guardian, Here are the ways to show your 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 wellbeing 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: _____

Student, Here are the ways to show your 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: _____

Teachers/Administrators will show their commitment in the following ways:

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: _____

ENTRANCE ESSAY FOR HIGH SCHOOL STUDENTS

Please use the space below to write an 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. This essay is mandatory for all high school applicants.

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

Lift for Life Academy Records Request Release Form

1731 South Broadway
St. Louis, MO 63104
(314)231-2337 P
(314)334-0917 F

Student's Name _____

Date of Birth _____

Previous School Name _____

City and State of Previous School _____

Documents Requested:

____ IEP, Initial Evaluation, Reevaluations

____ Attendance Record

____ Assessment/Testing

____ Shot Records/Immunization History

____ Grades /Transcript

____ Birth Certificate

____ Discipline Profile

____ Other (_____)

Please fax all records to the LFLA Registrar at (314)334-0917

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

*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.*

