

Enrollment Application Packet

Copies of the following documents must accompany the attached completed application:

- Birth Certificate
- Proof of Guardianship, if necessary
- Two Forms of Proof of Residency (Lease Agreement, Utility Bill, etc.)
- Record of Immunizations
 - Your student's immunization record must be from a physician or public health agency.*
 - Month/day/year is required for all immunization dates.*
 - Missouri law requires proper immunizations for children to enroll in or attend school.*
 - Immunizations for polio, DPT, measles, mumps, and rubella (MMR) and hepatitis B are required.*
 - In addition, varicella vaccine(s) or proof of disease (chickenpox) is required for students entering grades kindergarten through 9. Meningitis vaccine is required for students entering 8th grade.*
 - For students in grades 5 through 9, proof of disease shall be a signed note from the parent or licensed health provider with the month and year of the disease.*
 - If immunizations are needed, contact your primary care provider for an appointment as soon as possible.*

For Office Use Only

- Parent/Guardian Info _____
- Sibling Info _____
- Emergency Contact Info _____
- Homeless Status _____
- Migratory Status _____
- Home Language Survey _____
- Student Services Intake Info _____
- Student Discipline Statement _____
- How They Heard About Us _____
- Emergency Treatment/Medical release _____
- Student Health Info _____
- Records Request _____
- Media Release _____
- Copies of
 - Birth Certificate _____
 - Proof of residency _____
 - Immunizations _____
- How did you hear about Hawthorn _____

For Office Use Only

- Date Records Requested _____
- Follow Up Requests: _____
- Date Records Received _____
- Student Services Doc. Requested _____
- Follow Up Requests: _____
- Student Services Doc. Received _____

Please scan and email completed packet to info@hawthornschool.org or mail it to 1901 N. Kingshighway Blvd., St. Louis MO 63113

Student Information (Please Print)

Last Name First Name Middle Name Date of Birth

Residence Address City State Zip

This residence is: Permanent Temporary Child is Homeless

This residence is within: The City of St. Louis Public School District (SLPS) St Louis County*
*Eligible to Attend Through School District via VICC Program Normandy Collaborative

Grade Level for 2018-19 School Year: _____

Child's Gender: Male Female

Child's Ethnicity: African American Caucasian Hispanic Asian/Pacific
 American Indian Multi-racial/Multi-Ethnic Other: _____

Parent/Guardian Information (Please Print)

Parent/Guardian #1: Last Name First Name

Relationship to Student Highest level of education attained by parent/guardian

Residence Address City State Zip

Home Phone Cell Phone Work Phone

Email Address Employer's Name & Address

Parent/Guardian #2: Last Name First Name

Relationship to Student Highest level of education attained by parent/guardian

Residence Address City State Zip

Home Phone Cell Phone Work Phone

Email Address Employer's Name & Address

Please check this box if mailers should be sent to both addresses.

Home Language Survey

Student's Last Name _____

Student's First Name _____

Student's Middle Name _____

Gender: Female Male

Child's grade for the current school year: _____

Parent's Last Name _____

Parent's First Name _____

Parent's Middle Name _____

How many years has your child attended school in the United States?

- Less than 1 year
- More than 1 year, but less than 3 years
- 3 years to 5 years
- More than 5 years

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

If yes, which other language(s) is(are) spoken in your home? _____

Who speaks these other languages? _____

Which of the following best describes your child?

- Understands only English
- Understands only the home languages listed above
- Understands both English and the home language

Which language does your child understand the best?

- English
- Home language
- Understanding Equal

Which language does your child speak most of the time?

- English
- Home language listed above

Which language did your child learn to speak first?

- English
- Home language listed above

In which language do you (parent) speak most of the time?

- English
- Home language listed above

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

Parent or Guardian Signature

Date

Homeless and Migratory Status

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

Are you on the lease or mortgage at the home you are currently living in? Yes No

Migratory Status

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

Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work 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

Parent or Guardian Signature

Date

Student Services Intake Information

Hawthorn Leadership School for Girls is fully committed to providing quality education to all of our students, including those with special needs. In order to do this, we need your help. Please complete this page in its entirety.

Previous School Information

School's Name _____ School's City & State _____ School's District _____

Type of School: Public Charter Private Parochial Home School Other: _____

Has your child ever been suspended or expelled from any school in this state or any other state? Yes No

If the answer is yes, please state whether any such suspension or expulsion was for an offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student. Yes No

Does your student work with any outside service providers such as a therapist, caseworker, mentor, or tutor that you would like to give us permission to speak with?

Name _____ Agency _____ Phone _____ Email _____

Special Education and Disability Accomodation

Has your child been involved with early intervention services (birth to age 3)? Yes No

Has your child been screened for special education by the public schools? Yes No

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

If yes, please explain briefly:

Has your child 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 explain briefly:

Please check any of the following services your child has and/or still receives.

- Speech and Language Physical Therapy Self-Contained Classroom Inclusion Services Orientation and Mobility
 Adapted Physical Education Occupational Therapy Counseling Deaf and Hard of Hearing Visually Impaired
 Medical Services Resource Room

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

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

If yes, please explain briefly:

Parent or Guardian Signature

Date

Student Discipline Statement

In accordance with the Missouri Safe Schools Act, parents, guardians and other persons having charge or control of a student must provide Hawthorn Leadership School for Girls information regarding the student's disciplinary and criminal history prior to admission.

Student Name _____

Name of Parent, Legal Guardian, or Person Enrolling the Student: _____

Is the above student presently under suspension or expulsion from another school? Yes No

If yes, please explain: _____

Has the above student ever been expelled from school attendance at any school in this state or in any other state for an offense in violation of school policies relating to weapons, alcohol or drugs or for the willful infliction of injury to another person?

Yes No

If yes, please explain: _____

Has the above student been convicted or charged with any of the following crimes in juvenile or adult courts? Yes No

If yes, indicate which crime(s):

- | | |
|--|---|
| <input type="checkbox"/> First degree murder under § 565.020, RSMo. | <input type="checkbox"/> Statutory sodomy under § 566.062, RSMo |
| <input type="checkbox"/> Second degree murder under § 565.021, RSMo. | <input type="checkbox"/> Robbery in the first degree under § 569.020, RSMo. |
| <input type="checkbox"/> First degree assault under § 565.050, RSMo. | <input type="checkbox"/> Distribution of drugs to a minor under § 195.212, RSMo. |
| <input type="checkbox"/> Forcible rape (as it existed prior to August 28, 2013) or rape in the first degree under § 566.030, RSMo. | <input type="checkbox"/> Arson in the first degree under § 569.040, RSMo. |
| <input type="checkbox"/> Forcible sodomy (as it existed prior to August 28, 2013) or sodomy in the first degree under § 566.060, RSMo. | <input type="checkbox"/> Kidnapping, when classified as a class A felony under § 565.110, RSMo. |
| <input type="checkbox"/> Statutory rape under § 566.032, RSMo. | |

I attest that all the above information is correct and true. I understand that it is a crime pursuant to § 167.023 RSMo., if I do not disclose the information requested or if I provide false information.

Parent / Legal Guardian Signature

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Emergency Information and Medical Treatment Release

Last Name

First Name

Middle Name

Date of Birth

Health Insurance Carrier

Policy Number

Physician's Name

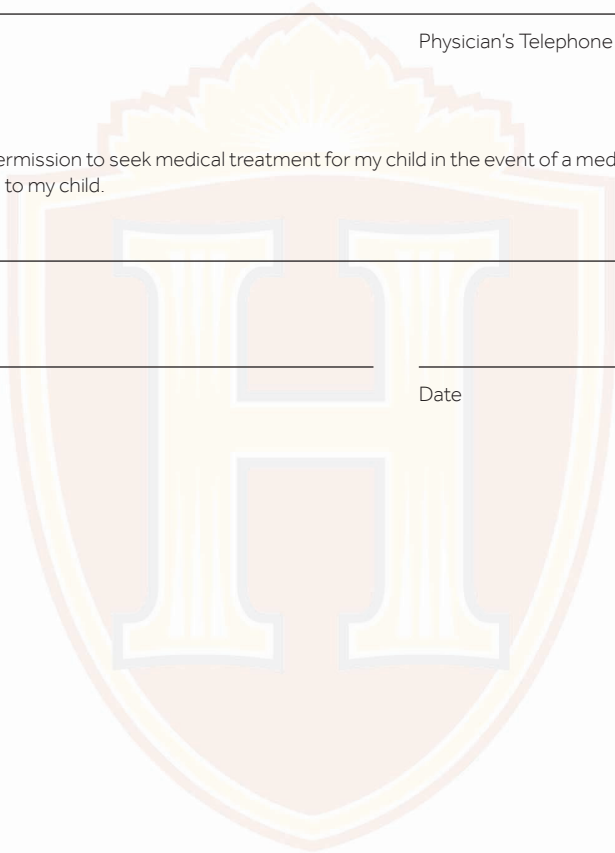
Physician's Telephone Number

I give Hawthorn Leadership School for Girls 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: _____

Parent/Guardian Signature

Date



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LEADERSHIP SCHOOL FOR GIRLS

Student Health Information (Please Print)

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Gender: Male Female Child's grade for upcoming school year: _____

Does your child have any allergies to foods, medications, or environments? Yes No

If yes, please list allergy, note level of intensity, and any medication used:

Allergy:	Mild	Moderate	Severe	Delayed	Life Threatening	Under Physician's Care / Medication Used

Medications and written doctor's orders must be given to the Principal.

Does your child have any illness? Yes No If so, please explain: _____

Does your child take any medications? Yes No If so, please explain: _____

Has your child had any surgeries? Yes No If so, please explain: _____

Please check any of the following that your child has suffered in the past or present:

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Bone/Joint Injury | <input type="checkbox"/> Digestive/Bowel problems |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (regular) | <input type="checkbox"/> Measles (3 day) | <input type="checkbox"/> Ulcer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Cleft Palette | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes (sugar) | <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Hay Fever (handicap) | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Hernia | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Orthopedic Defect |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Bleeding Tendencies | <input type="checkbox"/> Trouble with kidneys | <input type="checkbox"/> Ear, nose and throat problems |
| <input type="checkbox"/> OCD/ODD | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Migraines/Headaches | <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Emotional / Psychological |
| <input type="checkbox"/> Other _____ | | | | |

Parent/Guardian Signature _____

Date _____

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Request for Records (Please Print)

***Required Fields**

Your signature grants the sending school permission to forward your child's school records to Hawthorn Leadership School for Girls.

School's Name*

School's Address*

City*

State*

Zip*

School's Telephone Number*

School's Fax*

To: **School Records Clerk**

Student's Name*

Date of Birth*

ID# (if Available)

Current Grade*

Parent/Guardian Signature*

Date*

This student has submitted enrollment papers to Hawthorn Leadership School for Girls for the _____ school year. Please provide copies of the student's cumulative record, including health records, report cards, attendance records, discipline records, special education reports, IEP's, 504 plans, primary language, and standardized test scores.

The State of Missouri requires that any school district that receives a request for such records from another high school district enrolling a pupil that had previously attended a school in such district all respond to such request within five business days of receiving request.

Please forward the above documentation to:

Hawthorn Leadership School for Girls
1901 N. Kingshighway Blvd.
St. Louis, MO 63113
Fax: 314-367-2035

HAWTHORN

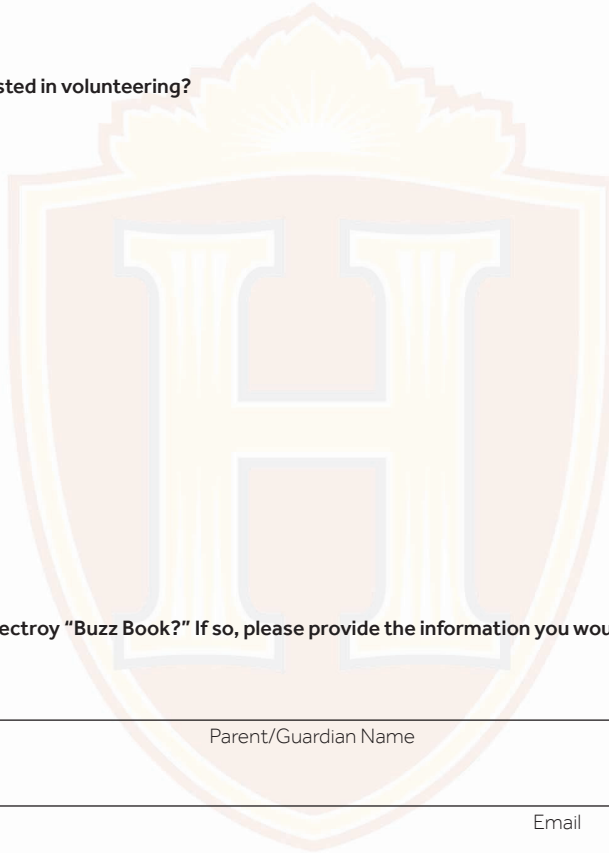
LEADERSHIP SCHOOL FOR GIRLS

How did you hear about Hawthorn Leadership School for Girls?

- Radio
- Newspaper
- TV
- Mailing
- Flyer
- Phone Call
- Website
- Poster/Billboard
- Meeting
- Door-to-Door
- Table at Community Event
- Referred by: _____
- Other: _____

Which of the following areas are you interested in volunteering?

- VIP Breakfast
- Field Day
- Library Volunteer
- Project Based Learning review panel
- Parent Communication Support
- Parent Education Series Support
- Other _____



Would you like to be included in a school directory "Buzz Book?" If so, please provide the information you would like us to include:

Student Name _____ Parent/Guardian Name _____

Address _____ Email _____ Phone _____

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Media Consent and Release Form

Throughout the school year, the media may visit the Hawthorn Leadership School for Girls to cover special events. The Hawthorn Leadership School for Girls may also wish to use your child's photograph, likeness, voice or student work for promotional and educational reasons. Before your child's photograph, likeness, voice, or student work can be used by the media or by the school, you must give permission.

I hereby consent to have _____ photographed, videotaped, audio taped, or interviewed by the Hawthorn Leadership School for Girls ("Hawthorn") or the news media when school is in session or when my child is under the supervision of Hawthorn. I understand in the course of the above-described activities that Hawthorn might like to celebrate my child's accomplishments and work. Therefore, I further consent for Hawthorn's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to Hawthorn's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless Hawthorn, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

It is understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel my consent by providing written notice to the principal.

This form is valid during the _____ school year.

Parent/Guardian Signature

Date

I **do not consent** to my child being photographed, videotaped, and/or interviewed by Hawthorn or the news media when school is in session or when my child is under the supervision of Hawthorn. I do not consent for Hawthorn to use creative work(s) generated and/or authored by my child on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

Parent/Guardian Signature

Date

Please scan and email completed packet to info@hawthornschool.org or mail it to
Registrar, Hawthorn Leadership School for Girls, 1901 N. Kingshighway Blvd, St. Louis, MO 63113