

Lee A. Tolbert Community Academy
3100 Paseo Boulevard, Kansas City, MO 64109

ONLINE REGISTRATION APPLICATION

Scholar's Information

Name: _____

Date of Birth: _____

Race: _____

Gender: Male Female Anticipated Grade Level: _____

Applying for: 2019 Summer School 2019-2020 School Year

Name: _____

Date of Birth: _____

Race: _____

Gender: Male Female Anticipated Grade Level: _____

Applying for: 2019 Summer School 2019-2020 School Year

Household Parent's Information

Parent 1: _____

Relationship: _____

*Email Address: _____

**This is required for online registration.*

Parent 2: _____

Relationship: _____

Telephone Number: _____

Email Address: _____

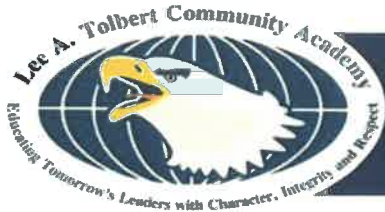
Address: _____

Zip Code: _____

Telephone Number: _____

Parent's / Guardian's Signature

Date



AUTHORIZATION TO RELEASE RECORDS

Please do not withdraw the scholar until notified by the registrar.

Scholar Information

Scholar's Name: _____

Address / City / State / Zip: _____

Date of Birth: _____ Gender: _____

Scholar's Name: _____

Address / City / State / Zip: _____

Date of Birth: _____ Gender: _____

Former School Information

School: _____

Address / City / State: _____

School's Telephone / Fax: _____

RECORDS REQUESTED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Cumulative Education | <input checked="" type="checkbox"/> Psychological |
| <input checked="" type="checkbox"/> Assessment Scores | <input checked="" type="checkbox"/> Social |
| <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Special Education / IEP / Section 504 Plan |
| <input checked="" type="checkbox"/> Discipline | <input checked="" type="checkbox"/> Outside Agency |
| <input checked="" type="checkbox"/> Immunization | |

ENROLLMENT / ADMISSION / READMISSION

In compliance with the Missouri Safe School Act, prior to enrolling or readmitting a scholar who has been suspended for more than 10 consecutive days, including expulsion, for an act of school violence, a conference must be held to review the conduct which resulted in the suspension/ expulsion regardless of whether or not the conduct occurred at a public, charter, or private school.

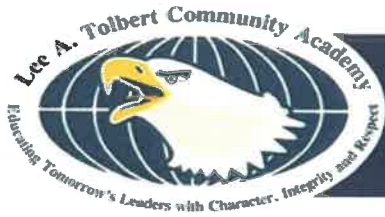
AFFIDAVIT

Prior to enrolling, Lee A. Tolbert Community Academy (LATCA) requires a parent/guardian to execute a sworn affidavit including whether the scholar has been expelled from any public, charter, or private school for violations of weapons, drug, or alcohol policy, and/or for the willful infliction of injury to another. Executing a false affidavit is a Class B misdemeanor. By law, LATCA cannot enroll or readmit a scholar who has been charged with, convicted of, or had petition(s) filed in court, or who has had a petition sustained that alleges any of the "acts of violence" listed above.

I authorize the release of the records as indicated above.

Parent's / Guardian's Signature

Date



Lee A. Tolbert Community Academy

3400 Paseo Boulevard, Kansas City, MO 64109

TRANSPORTATION REQUEST

| Scholar Information | | | |
|---|-------------|---------------------------|--|
| Scholar's Name | | Scholar's Grade | |
| Scholar's Name | | Scholar's Grade | |
| Scholar's Name | | Scholar's Grade | |
| Scholar's Name | | Scholar's Grade | |
| Scholar's Name | | Scholar's Grade | |
| Home Address | | | |
| Scholar's Home Address | | Scholar's Zip Code | Scholar's Home Number |
| Transportation Needs | | | |
| AM – On most days, my scholar(s) will: <input type="checkbox"/> Parent Drop Off <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> LINC <input type="checkbox"/> Other (Please explain.) _____ | | | |
| PM – On most days, my scholar(s) will: <input type="checkbox"/> Parent Pick Up <input type="checkbox"/> Ride the Bus <input type="checkbox"/> Walk <input type="checkbox"/> LINC <input type="checkbox"/> Other (Please explain.) _____ | | | |
| Transportation Address (If different from Home Address) | | | |
| Scholar's Transportation Address | | Trans. Zip Code | Trans. Phone Number |
| Parents / Guardian Information | | | |
| Mother's Name | | Mother's Cell Number | Mother's Work Number |
| Father's Name | | Father's Cell Number | Father's Work Number |
| Emergency Contact (In the event a parent cannot be reached.) | | | |
| Emergency Contact | | Relationship | Home Number |
| | | | Cell Number |
| | | | |
| Parental / Guardian Consent | | | |
| Parent's / Guardian's Signature | | | Date |
| Transportation Department Use Only | | | |
| Approved <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason Approved or Denied | Start Date |
| Pick Up Time | AM Bus Stop | AM Route Number | AM Route In SISK12 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drop Off Time | PM Bus Stop | PM Route Number | PM Route In SISK12 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation Director's Signature | | | Date |