

## PRE-K SCHOLAR CHECKLIST

Scholar's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

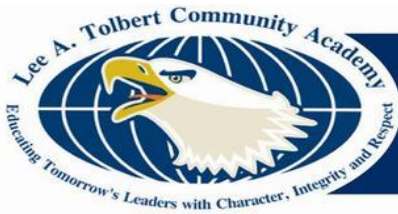
The following items are to be completed for every scholar attending Lee A. Tolbert Community Academy (LATCA). A checkmark indicates the item has been completed.

Provided by LATCA			
Required	Item	Enclosed <i>(Parent Check)</i>	Enclosed <i>(LATCA Check)</i>
✓	Pre-K Scholar Application		
✓	Authorization to Release Records		
✓	Immigrant Form		
✓	Media Release Authorization		
✓	Medication Authorization		
✓	Parent Assurances		
✓	Parent Portal Access Agreement		
✓	Safe Schools Assurance		
✓	Application for FREE/Reduced Lunch		
*	Two-Party Affidavit <i>(Required only if you and your scholar in the home of a district patron. Residency verification of a current utility bill, lease, or mortgage is required.)</i>		
✓	DESE Parent Questionnaire		
✓	DESE Parent Survey Form Protocol		
✓	McKinney Vento Services		
Provided by Parent			
✓	Birth Certificate or Copy Of		
✓	Immunization Records		
✓	Proof of Residency <i>(Current Utility Bill, Lease, or Mortgage)</i>		

### How did you hear about LATCA?

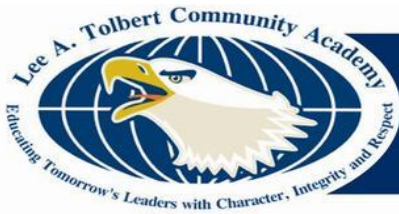
Friend  Radio  Television  Newspaper  Relative  Church  Other: \_\_\_\_\_

Screening Date: \_\_\_\_\_ Screening Time: \_\_\_\_\_



## PRE-K SCHOLAR APPLICATION

Demographic Information				
Scholar's First Name	Scholar's Last Name	Scholar's Middle Name		
Scholar's Gender O Male O Female	Scholar's Date of Birth	Grade Applying For	Does Student have IEP?	If Yes, Docs Attached?
Scholar's Previous School		Previous School's City, State		
Scholar's Race / Ethnic Origin (check all that apply): O Black O White O Hispanic O Asian O Indian O Pacific Islander O Multi-Racial				
Is a language other than English spoken in your home? O Yes O No		Language:		
Home Information				
Scholar's Home Address		Scholar's Zip Code	Scholar's Home Number	
Scholar Lives With (check all that apply): O Both Parents O Father O Mother O Grandparents O Guardian O Uncle O Brother O Sister O Other				
Name of Person Scholar Lives With, If <i>Other Than</i> the Parent:				
Are you sharing the home of another person due to O Economic Hardship O Loss of Housing O Other If Other, please explain.				
Are the scholar and family residing in a shelter? O Yes O No				
Due to economic hardship, does the scholar and family have a temporary housing arrangement or reside in a hotel, motel, car, or at a campsite? O Yes O No				
Parents / Guardian Information				
Mother's First Name	Mother's Last Name	Mother's Cell Number		
Mother's Employer / Employer's City, State		Mother's Work Number		
Father's First Name	Father's Last Name	Father's Cell Number		
Father's Employer / Employer's City, State		Father's Work Number		
Military Affiliation (Either Parent /Guardian) O Yes O No	Branch / Affiliation:			
Additional Scholars				
Name	Age	Relationship	Current Grade Level	Grade Applying For
Emergency Contact				
Name	Relationship	Address	Home Number	Cell Number
Parental / Guardian Consent				
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 Name: \_\_\_\_\_

Address / City / State / Zip: \_\_\_\_\_

School's Telephone / Fax: \_\_\_\_\_

RECORDS REQUESTED	
Cumulative Education	Psychological
Assessment Scores	Social
Attendance	Special Education/IEP/Section 504 Plan
Discipline	Outside Agency
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.

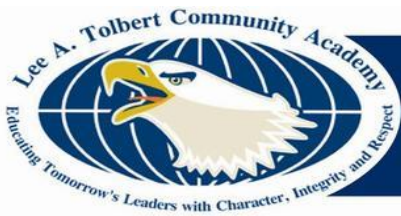
**AFFIDAVIT**

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



## IMMIGRANT / SEASONAL WORKER

### Child(ren)'s Information

1. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please assist us in ensuring that your applicant receives all the educational benefits provided by the Lee A. Tolbert Community Academy (LATCA) staff by answering the following questions:

1. Is there another language(s), other than English spoken in your home?  Yes  No  
Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_
2. If you have moved from one school district to another within the last three years, your applicant may be eligible for a special program of supplemental services. Please answer the following questions:  
 Yes  No Before the move was either parent / guardian child or child's spouse employed in temporary or seasonal agricultural or agricultural-related work sch as: planting or harvesting crops, vegetables, fruits, cotton, etc.): transporting farm products to market; feeding poultry; gathering eggs; working in hatcheries; processing poultry, beef, hogs, fruits, vegetables, etc; working in dairy or 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 / guardian, child, or the child's spouse now employed in any of the above kinds of work?  
 Yes  No During the summer months only, have you moved away with your child or has the child moved away to engage in crop harvesting or other seasonal agricultural work?  
 Yes  No Has the child ever been suspended from school for more than 10 days?  
 Yes  No Are you homeless? If yes, are you living in a:  Shelter  Other  
Please Explain: \_\_\_\_\_
3. Is the applicant currently expelled from the last school he / she attended?  Yes  No  
Please Explain: \_\_\_\_\_
4. Is the applicant currently serving a suspension of more than 10 school days?  Yes  No  
Please Explain: \_\_\_\_\_

### IMMIGRANT STUDENT SURVEY

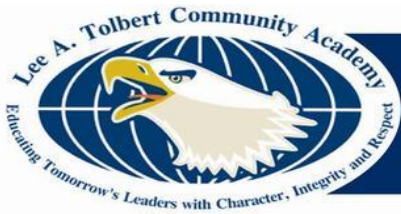
1. The applicant wasn't born in any state and was been attending school in one or more states for less than three complete school years.
2. The applicant fits the definition of "immigrant" under the Immigrations and Nationality Act. As amended. Immigrant children: will include the children of lawful permanent resident aliens, refugees, asylees, parolees, persons of other immigrant status, and immigrant residents in the United States without proper documentation.
3. They will exclude children from foreign diplomats. United States citizens, children who were born abroad, and children of foreign residents temporarily in the United States for business or pleasure.  
 In the United States Less than One (1) Year  In the United States One (1) to Two (2) Years  
 In the United States Two (2) to Three (3) Years  Does Not Apply

\_\_\_\_\_  
*Parent's / Guardian's Printed Name*

\_\_\_\_\_  
*Parent's / Guardian's Signature*

\_\_\_\_\_  
*Parent's / Guardian's Telephone Number*





## MEDIA RELEASE AUTHORIZATION

### Scholar's Information

1. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
4. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
5. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

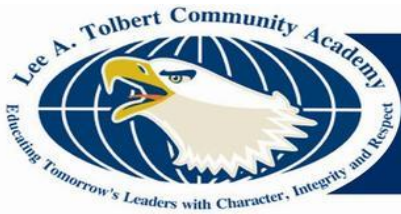
In consideration of my scholar being allowed to participate in any way at Lee A. Tolbert Community Academy (LATCA), in any official event and/or activity, the undersigned agrees that LATCA is hereby granted the unrestricted and exclusive right and permission, free from approval or review to copyright and/or use my scholar's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child when he/she may be included intact or in part for promotion or other commercial or organizational use.

- YES** – I want my scholar's name and photograph included in the school directory, yearbook, social media, and all other print material.
- NO** – I do ***not*** want my scholar's name and photograph included in the school directory, yearbook, social media, and all other printed material.

I authorize the release of the information as indicated above.

\_\_\_\_\_  
*Parent's / Guardian's Signature*

\_\_\_\_\_  
*Date*



## MEDICATION AUTHORIZATION

### Scholar Information

Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

I authorize that my scholar be administered the following over-the counter medications by the Lee A. Tolbert Community Academy (LATCA) nursing staff who are qualified to administer medication.

### Over-the-Counter Medication (Check all that apply)

Children's Tylenol  
(Dose: 1 to 2 pills)

Ibuprofen  
(Dose: 1 to 2 pills)

Hydrocortisone Cream  
(Relieves itching)

Neosporin Ointment  
(Soothes cuts and scrapes)

### Prescription Medication

Name of Medication: \_\_\_\_\_

Prescription Number: \_\_\_\_\_ Time: \_\_\_\_\_

Method of Dispense (Pills / Drops / Liquid): \_\_\_\_\_

Dose: \_\_\_\_\_ Start Date: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

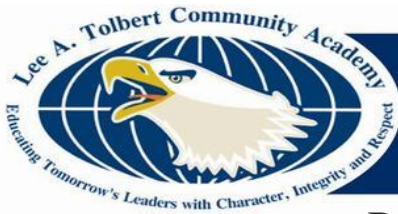
### AUTHORIZATION TO RELEASE MEDIAL INFORMATION

The undersigned parent/guardian/legal representative of the above named Lee A. Tolbert Community Academy (LATCA) scholar hereby authorizes the exchange of health/medical information and records between LATCA and the above named physician. Use and disclosure shall be for the planning and implementation of any health-related care that is provided during school hours and at school-related activities.

I further authorize the LATCA nursing staff to share records and/or information that is pertinent to my scholar's academic progress with school personnel and/or other health care providers too which my child may be referred. By signing this authorization. I am certifying to the LATCA nursing staff and the above named physician that I have the lawful right to make this request and that I consent to the release of health/medical information. I understand and agree that unless previously revoked, this authorization will expire one year from the date written below.

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date



## PARENT ASSURANCES

### Scholar's Information

1. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
4. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
5. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

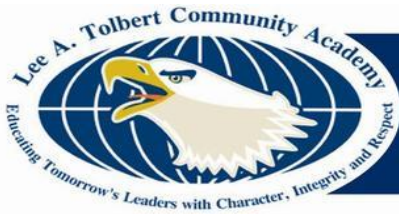
I understand that Lee A. Tolbert Community Academy (LATCA) is a public charter school and that the following efforts will be part of my responsibilities as a parent/guardian of a LATCA scholar. Therefore, I agree to the following assurances so that my scholar will be eligible to enroll:

1. I agree to participate and abide by the rules set forth in the Parent/Scholar Handbook.
2. I agree to purchase the uniform, which is required.
3. I will:
  - a. Help my scholar establish regular attendance and punctuality. (Scholars with irregular attendance and excessive tardiness will not be guaranteed a spot for the following school year.)
  - b. Attend school activities, meetings, parent-teacher conferences, mandatory Parent meetings, and all pertinent school functions.
  - c. Pay donations and classroom fees within the designated timeframe.
  - d. Follow through and see that my scholar does his/her homework assignments.
  - e. Participate and assist with Parent Board projects and functions.
4. I will monitor my scholar's academic performance and agree to:
  - a. Instructors will identify scholars not meeting the requirements for promotion by the end of first quarter.
  - b. A conference will be held with the administrator, teacher(s), and parent(s) to discuss academic concerns.
  - c. A collaborative plan will be devised for the scholar, with the understanding that I will work with LATCA to bring the scholar's performance to a satisfactory level.
  - d. Methods to assist the scholar may include tutoring, mentoring, peer tutoring, Saturday School, and/or alternate methods of evaluation.
  - e. If Saturday School is needed for my scholar's success, I will ensure that he/she attends.
5. Fundraisers:
  - a. In an effort to offset expenses for activities and supplies, I agree to support any fundraising activities. I agree to participate and sell \$200.00, profit per family for the combined fall and spring fundraisers.
  - b. I understand that in lieu of selling or participating in the fundraisers, I may donate \$200.00 to the school. The donation must be paid the first day of second quarter or my family will be expected to participate in the fundraisers.
6. In conjunction with the school, I agree to support community outreach events.
7. With a minimum of 20 volunteer hours per school year, I agree to participate in LATCA's Parent Work Service Program.

I understand that failure to meet the above expectations will cause my family to forfeit pre-enrollment opportunities.

\_\_\_\_\_  
*Parent's / Guardian's Signature*

\_\_\_\_\_  
*Date*



## PARENT PORTAL ACCESS AGREEMENT

### *STUDENT INFORMATION SYSTEM*

I understand that in order for me to have access to my scholar(s) electronic records. I must have a signed and dated parent portal access agreement on file with the Lee A. Tolbert Academy (LATCA) network administrator. Also, I understand that complete Student Information System Parent Portal, username and password instructions will be sent to me via email. Therefore, I am giving LATCA permission to send instructions to the following email that I have provided. Furthermore, this email address will grant me access to my scholar(s) electronic records.

#### **Scholar's Information**

1. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
4. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_
5. Scholar's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **Parental Consent:**

Primary Parent's / Guardian's Name (Printed): \_\_\_\_\_

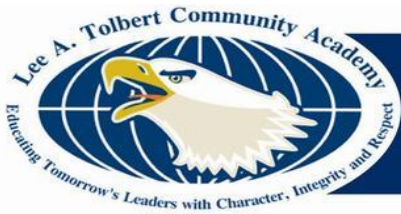
Primary Parent's / Guardian's Email Address: \_\_\_\_\_

Secondary Parent's / Guardian's Name (Printed): \_\_\_\_\_

Secondary Parent's / Guardian's Email Address: \_\_\_\_\_

\_\_\_\_\_  
*Parent's / Guardian's Signature*

\_\_\_\_\_  
*Date*



## SAFE SCHOOLS ASSURANCE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Please complete the following questions by checking yes or no. If you answer yes to any question, an explanation ***must*** be provided.

1. Has the applicant ever been charged or convicted of a felony?  Yes  No

Please explain: \_\_\_\_\_

2. Has the student ever been adjudicated (appeared before a judge) to have committed an act, which if committed by an adult would be one of the following:

✓ First Degree Arson	✓ Felonious Restraint	✓ Property Damage
✓ First Degree Assault	✓ Possession of a Weapon	✓ Rape or Sodomy
✓ Burglary	✓ Kidnapping	✓ First Degree Robbery
✓ Child Molestation	✓ Manslaughter	✓ Sexual Abuse
✓ Distribution of Drugs to a Minor	✓ First or Second Degree Murder	✓ Sexual Assault
		✓ Sexual Misconduct

Please explain: \_\_\_\_\_

3. Is the applicant currently serving a suspension of more than 10 days?  Yes  No

Please explain: \_\_\_\_\_

4. Is the applicant currently serving a suspension of more than 10 days?  Yes  No

Please explain: \_\_\_\_\_

5. Is the applicant currently serving a suspension of more than 10 days?  Yes  No

Please explain: \_\_\_\_\_

### **SAFE SCHOOLS ACT, HOUSE BILL 1301**

Prior to admission to any public school, a school board may require the parent, guardian or other person having control or charge of a child of school age to provide, upon enrollment, a sworn state or affirmation indicating whether the student has been expelled from school attendance at any school in this state or in any other state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a misdemeanor. The registration document shall be maintained as a party of the student's scholastic records.

I understand this statement will be maintained as part of the applicant's scholastic record.

\_\_\_\_\_  
*Parent's / Guardian's Signature*

\_\_\_\_\_  
*Date*



## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Lee A. Tolbert Community Academy (LATCA). The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Jacqueline Bowens, jbowens@tolbertacademy.org.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Lee A Tolbert Community Academy regardless of age.

List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	Building name/Grade. If child is a student, list building name and grade.	Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.
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### **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?**

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Food Distribution Program on Indian Reservations (FDPIR).

**If no one in your household participates in any of the above listed programs:**

- Leave STEP 2 blank and go to STEP 3.

**If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: State number 1-855-373-4636 -State of Missouri Food Stamp Program/Supplemental Nutrition Assistance Program (SNAP).
- Go to STEP 4.

### **STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- Gross income is the total income received before taxes
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

(Information follows on the reverse side.)



Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.

- Mark how often each type of income is received using the check boxes to the right of each field.

**3. A. REPORT INCOME EARNED BY CHILDREN**

**A) Report all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

**What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

**3. B. REPORT INCOME EARNED BY ADULTS**

**Who should I list here?**

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, Children and students already listed in STEP 1.

**List adult household members' names.**

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**Report income from pensions/retirement/all other income.**

Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

**Report earnings from work.** Report all total gross income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

**What if I am self-employed?** Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

**Report total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

**Report income from public assistance/child support/alimony.** Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

*All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.*

<p><b>Provide your contact information.</b> Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p><b>Print and sign your name and write today's date.</b> Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p><b>Mail Completed</b> Form to: Lee A. Tolbert Community Academy, 3400 The Paseo, Kansas City, MO 64109</p>	<p><b>Share children's racial and ethnic identities (optional).</b> On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>
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**INSTRUCTIONS Sources of Income**

**Sources of Income for Children**

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
- Income from any other source	

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. If ethnicity/race is not selected, a visual identification will be determined.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**Sources of Income for Adults**

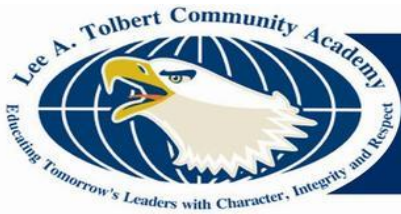
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
	- Child support payments	- Earned interest
	- Veteran's benefits	- Rental income
	- Strike benefits	- Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



New Scholar

Reprove

## TWO-PARTY AFFIDAVIT OF RESIDENCE

*For scholar / family living with a district homeowner / lease holder*

I understand that the following information will be fully investigated by Lee A. Tolbert Community Academy (LATCA).

I/we, \_\_\_\_\_, am/are residing at

*Parent / Legal Guardian Name(s)*

\_\_\_\_\_ with \_\_\_\_\_  
*Address / City / State / Zip Homeowner / Lease Holder's Printed Name*

In the LATCA school district. I have been residing there since \_\_\_\_\_. I  
*Date*

have no other residence.

List previous address(es) within the past year:


*The scholar for whom I am applying for admission to LATCA is/are as follows:*

Scholar's Name(s)	Grade	School

I/we have provided accurate and truthful information to the best of my/our knowledge and belief. I/we have not knowingly withheld, concealed, or misrepresented any information that would have material hearing upon the eligibility of the above scholar(s) to attend the LATCA school district.

Further, I/we understand that persons making a false "Affidavit of Residence" are committing a Class A misdemeanor. Violators may be charged with such, and, upon conviction, may be jailed and/or fined. In the event, LATCA will recover costs of school attendance of pupil(s) who attend under a false affidavit. Therefore, I/we understand we will be obligated to pay any tuition monies then due and the scholar(s) will be removed from the district.

\_\_\_\_\_  
*Parent / Guardian's Printed Name*

\_\_\_\_\_  
*Homeowner / Lease Holder's Printed Name*

\_\_\_\_\_  
*Parent / Guardian's Signature*

\_\_\_\_\_  
*Homeowner / Lease Holder's Signature*

\_\_\_\_\_  
*Parent / Guardian's Telephone Number*

\_\_\_\_\_  
*Homeowner / Lease Holder's Telephone Number*

***In addition to a signed affidavit, a current utility bill (in the homeowner's / lease holder's name) is required as proof of residency. A current utility bill is within the last 30 days. A Two-Party Affidavit is valid for one school year only.***





MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF QUALITY SCHOOLS – MIGRANT EDUCATION

**PARENT QUESTIONNAIRE**

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

**DIRECTIONS**

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

**RELOCATION HISTORY**

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)		

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops 
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

**PARENT INFORMATION**

PARENTS/GUARDIANS			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

**STUDENT INFORMATION**

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

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**ENCUESTA FAMILIAR**

DISTRITO ESCOLAR	CODIGO DEL CONDADO-DISTRITO
PERSONAL ESCOLAR A CARGO DE LOS ESTUDIANTES MIGRANTES	FECHA DE INSCRIPCION

**DIRECCIONES**

Favor de completar este formulario. Sus hijos pueden ser elegibles para recibir servicios especiales para ayudarlos en su educación. Si contestaron "si" a cualquiera de las preguntas abajo, puede que sea contactado por un representante educativo para determinar si usted, su(s) hijo(s), o cualquier miembro de su familia es elegible para servicios educacionales adicionales.

Mande esta encuesta completa a: Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102.

PREGUNTAS: Contacte a Grants & Resources, Office of Quality Schools, P.O. Box 480, Jefferson City, MO 65102 o 573-526-6989.

**HISTORIAL DE REUBICACION**

¿Se han mudado de un distrito escolar a otro en los últimos tres (3) años?	<input type="checkbox"/> Si	<input type="checkbox"/> No
¿En cualquier lugar dentro de los últimos tres (3) años, ha trabajado o actualmente está trabajando en uno de los siguientes empleos en las fotos abajo? (por favor marque las que aplican)	<input type="checkbox"/> Si	<input type="checkbox"/> No
¿Si no ha trabajado con plantas, animales, o en la pesca, usted piensa conseguir un trabajo de estos?	<input type="checkbox"/> Si	<input type="checkbox"/> No

<p>PictProcesando carne de puerco, res, pollo</p>	<p>Ordeñando vacas</p>	<p>Vivero</p>	<p>Sembrando, cosechando o cultivando</p>
<p>Plantando o cosechando algodón, o trabajando en el "gin"</p>	<p>Alimentando pollo, recogiendo huevos, trabajando en una incubadora</p>	<p>Cosechando o empacando manzanas</p>	<p>Otros: Procesando frutas o verduras Empacando papas Cuidando/alimentado ganado Cultivando o cortando arboles</p>

**INFORMACION DE LOS PADRES**

PADRES O GUARDIANES

DIRECCION	CIUDAD	ESTADO	CODIGO
TELEFONO	LUGAR DONDE TRABAJA		
CUANTOS NINOS HAY EN CASA	FECHA EN QUE LLEGARON		

**INFORMACION DEL ESTUDIANTE**

NOMBRE DEL NINO	FECHA DE NACIMIENTO	EDIFICIO ESCOLAR	GRADO

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**QUESTIONNAIRE POUR PARENT**

NOM DU DISTRICT SCOLAIRE	CODE DU DEPARTEMENT ET DU -DISTRICT
DISTRICT MIGRANT CONTACT	DATE INSCRIPTION

**DIRECTIONS**

Veillez compléter le questionnaire. Votre enfant peut être éligible à un enseignement supplémentaire gratuit. Si vous répondez par oui à une des questions ci-dessous, un représentant de l'éducation pourrait vous contacter pour voir si vous ou un membre de votre famille est éligible pour des services éducationnels supplémentaires gratuits.

Envoyez le formulaire complété à Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contactez Grants and Resources à 573-526-6989.

**DEMENAGEMENTS PRECEDENTS**

Avez-vous déménagé dans le district scolaire au cours des trois (3) dernières années?	<input type="checkbox"/> Oui	<input type="checkbox"/> Non
Dans n'importe quel endroit au cours des trois (3) dernières années, avez-vous travaillé dans les secteurs de l'agriculture ou de la pêche? Si oui, veuillez choisir tout ce qui s'applique.	<input type="checkbox"/> Oui	<input type="checkbox"/> Non
Si vous n'avez pas travaillé dans le secteur de l'agriculture ou de la pêche dans le passé, planifiez-vous s'engager dans ce type d'emploi bientôt?	<input type="checkbox"/> Oui	<input type="checkbox"/> Non

Au cours des trois (3) dernières années, avez-vous travaillé ou travaillez-vous actuellement dans l'un de ces domaines? Si oui, lesquels? (veuillez encercler)

<p>Transformation Porc ou boeuf</p>	<p>Traire les vaches</p>	<p>Pépinière/Serre</p>	<p>Plantation/récolte des cultures</p>
<p>Plantation, récolte et engrenage du coton</p>	<p>Transformation, alimentation de la volaille, collecte des œufs, travail dans le couvoir</p>	<p>Récolte et emballage des pommes</p>	<p>Autres: Transformation de fruits et légumes, patates (ou pommes de terre)</p> <p>Nourrir le bétail, cultiver, entretenir et abattre des arbres</p>

**INFORMATION PARENT**

PARENTS/TUTEURS

ADRESSE	VILLE	ETAT	CODE POSTAL
TELEPHONE MAISON	LIEU D' EMPLOI		
NOMBRE D'ENFANTS DANS LA MAISON		DATE DU DEMENAGEMENT	

**INFORMATION ELEVE**

NOM DE L'ENFANT	NAISSANCE	BATIMENT DE L'ECOLE	NIVEAU

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## Missouri Parent Survey Form Protocol

So far in the 2020-2021 school year, our Migrant Education Program has noticed a significant drop off in the number of Parent Surveys received from Missouri school districts. We understand that COVID-19 has caused many issues when it comes to enrollment and communicating with parents. Hopefully, the information provided in this memo will help in completing this process.

The Missouri Migrant Education Program (MO MEP) is a federally funded program [Title I, Part C] that funds high quality education programs for migratory children. Student eligibility is determined through an interview with the family conducted by a member of the MO MEP Identification and Recruitment (ID&R) team. To support the team's efforts to identify potential migratory students and/or families in your district, please have families complete and return the "MO MEP Parent Survey Form" as part of your registration process. Below are the steps involved in the Parent Survey process.

1. **Place the "MO MEP Parent Survey Form" in all school registration packets, both paper and electronic.** This form should be given to every student as part of the yearly registration process. If a student enrolls in the school district during the year, they should complete a search form as well. The PDF forms are available for [download at this link in English, Spanish and French](#).
2. **Send "yes" Survey Forms to the MO MEP office.** If the family answers "yes" to either of the questions on the form, please send the completed form via mail or email to the MO MEP office. The form can be mailed to the following address: Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. A scanned copy of the form can be sent via secure email to the following email address: [crane.nerx@dese.mo.gov](mailto:crane.nerx@dese.mo.gov).
3. **ID&R team determines eligibility:** The MO MEP ID&R team will follow up with the family to determine if the family is eligible for the MEP. A complete list of the ID&R team members that may be contacting you or these families is listed on the second page of this letter. If they are unable to reach the family, the ID&R team will contact the district for additional or updated contact information. The district's federal programs staff will be notified if the family is found to be eligible for the MO MEP.

If you have any questions, please contact Yeni Vasquez at (417) 813-6030.

With thanks for your support of the MO MEP,



**Shawn Cockrum**  
Director of Student Support Services

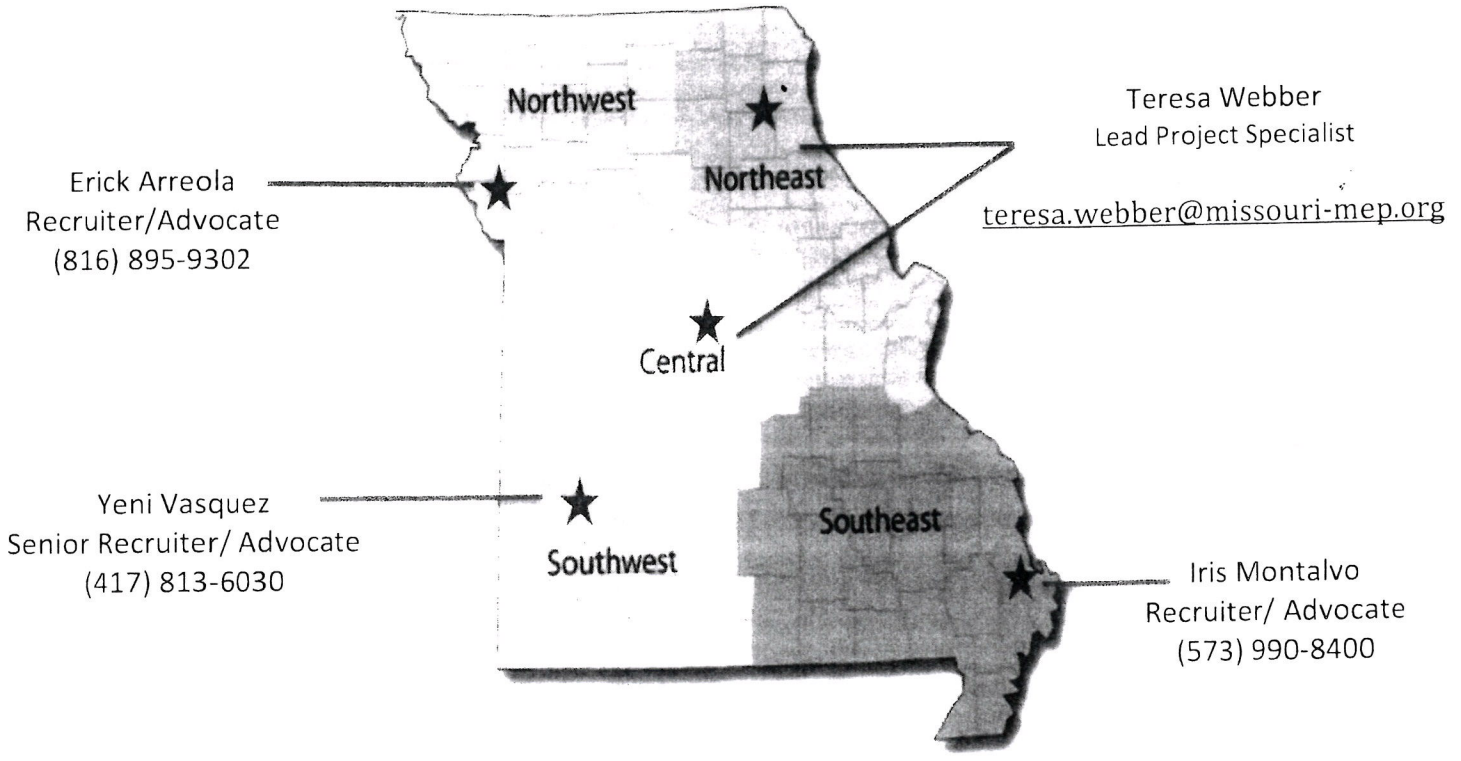




## Missouri Parent Survey Form Protocol

### ID&R Team Members

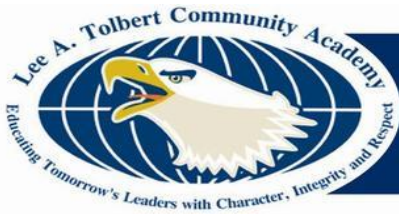
These individuals will contact the families listed on the search forms in order to determine their eligibility for the MO MEP.



### MO MEP DESE Staff

These individuals oversee the MO MEP from the Department of Elementary and Secondary Education in Jefferson City.

Shawn Cockrum Director of Student Support Services (573) 751-8280 <small>shawn.cockrum@desse.mo.gov</small>	Diane Herx Administrative Assistant (573) 526-6989 <small>diane.herx@desse.mo.gov</small>
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## MCKINNEY VENTO SERVICES

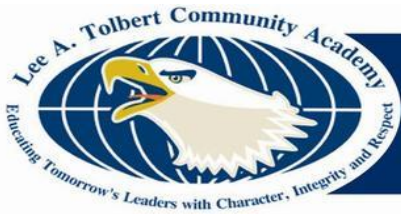
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PLEASE NOTE:

The McKinney Vento Services are for Students/Families who are Homeless/In-Transition. Please select the services that you need assistance with:

- Uniforms: Please Include the Size \_\_\_\_\_
- Transportation
- Field Trip Fee Assistance
- Field Trip T-Shirt
- Mattresses
- Referral to Dental, Medical, Mental Health or Other Service
- If you have already provided your information to office staff please select this box

**Please proceed to the next page to fill out Eligibility Questionnaire**



## MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

### *All information is confidential*

This questionnaire is intended to address the McKinney-Vento Act, 42 U.S.C. 11435. The answers to these questions will help determine services a student may be eligible to receive.

Is your current address a temporary living arrangement? Yes \_\_\_\_ No \_\_\_\_

Is your temporary address due to loss of housing or economic hardship? Yes \_\_\_\_ No \_\_\_\_

If you answered "NO" to either of the questions above you may stop here.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please complete the remainder of this form. You may fill out one form for all children.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ School most recently attended: \_\_\_\_\_

Name of Parent(s) Legal Guardian(s) \_\_\_\_\_

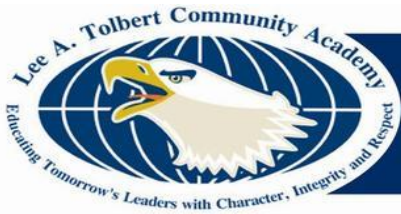
Temporary/Physical Address: \_\_\_\_\_

Length of time at Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Where is the student presently living? (Check on box)
  - Doubled up: Temporarily living with family or friends due to lack of adequate housing or financials.
  - In a transitional housing program
  - In a motel: Living in hotels/motels for lack of other suitable housing – Please list name and address of hotel/motel: \_\_\_\_\_
  - In a place not considered traditional "housing": Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation—Please provide information regarding area in which student is living: \_\_\_\_\_
  - In a shelter: Please provide name of shelter: \_\_\_\_\_  
Address: \_\_\_\_\_
  - Moving from place to place
  - Abandoned at hospital
2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

*CONTINUE ON NEXT PAGE*



## MCKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE CONTINUED

***All information is confidential***

3. Are you a high school student who is currently living on your own due to hardship? Yes \_\_\_\_ No \_\_\_\_

***Unaccompanied youth also qualify for services under this law***

4. Are there any pressing needs that could prevent your child from being successful in school? Yes \_\_\_\_ No \_\_\_\_

Yes....Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_