



DATE _____
MM/DD/YY

ENROLLMENT FORM 2017 - 2018

To: ALL APPLICANTS

Each of the following documents must be submitted to the school office for official entry to any lottery at North Side Community School. Until both your enrollment packet and all of the items on the following list are submitted to the school office, your child cannot be considered for any of our lotteries. By checking each box below as you gather your materials, you will ensure the fastest consideration possible for your child's admission to North Side Community School. Thank you.

Child's Birth Certificate

Updated Health and Shot Records

Student's Most Recent Report Card (if applying to grades 1-5)

Past School's Standardized Test Scores

Student's IEP (if applicable)

Student's Discipline Record from previous school

Proof of St. Louis City Residency

2 copies of unpaid utility bills or 1 copy of your Lease Agreement

Picture ID (Driver's License, etc.) of Parent or Guardian

Copy of Legal Guardianship (if applicable)

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ENROLLMENT FORM

DATE _____
MM/DD/YY

1. Student Information (please print)

Last name Middle Name First Name Date of Birth

Residence Address City State Zip Code

This residence is: Permanent Temporary Child is homeless

Gender: Male Female

Ethnicity: African American Caucasian Hispanic Asian Pacific American Indian

2. 2017-2018 Entering Grade _____

Previous School: _____

Address: _____

Phone: _____

3. Transportation:

Will the student be participating in our bus transportation program? Y N

If yes, you must fill out the Bus Transportation Form found on the last page of this packet.

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4. IEP or Special Needs

Does your child have Special Needs? Y N If yes, explain briefly:

If your child has a current IEP, a copy must be included with this application.

5. Sibling Information

_____ ___/___/___ Gender: M F
Sibling #1 Last Name First Name Date of Birth

Applying or Attending North Side Community School for the present school year.

Grade _____ Teacher _____

_____ ___/___/___ Gender: M F
Sibling #2 Last Name First Name Date of Birth

Applying or Attending North Side Community School for 2017-2018

Grade _____ Teacher _____

_____ ___/___/___ Gender: M F
Sibling #3 Last Name First Name Date of Birth

Applying or Attending North Side Community School for 2017-2018

Grade _____ Teacher _____

_____ ___/___/___ Gender: M F
Sibling #4 Last Name First Name Date of Birth

Applying or Attending North Side Community School for 2017-2018

Grade _____ Teacher _____

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6. Parent Information (please print)

Parent/Guardian #1: Last Name First Name

Relationship to child (for example, grandmother, uncle, etc.) _____

Residence Address City State Zip

Primary Phone Secondary Phone Work Phone

Email Address: _____

Employer _____

Parent/Guardian #2: Last Name First Name

Relationship to child (for example, grandmother, uncle, etc.) _____

Residence Address City State Zip

Primary Phone Secondary Phone Work Phone

Email Address: _____

Employer _____

7. Emergency Contact

Name Telephone Relationship to Child

North Side Community School does not discriminate on the basis of race, color, gender, ethnicity, creed, religion, or country of origin.

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Addendum

Please note: The Missouri State Department of Elementary and Secondary Education (DESE) now requires that all Missouri schools ask the following questions of all students. Thank you for your cooperation.

1. Homeless Status

a. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No If yes, please explain: _____

b. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged, or because of economic reasons? Y N

c. Are you currently residing in a shelter? Y N

d. Are you currently living in a temporary housing arrangement due to economic hardship? Y N

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

- a. Before the move, was neither parent employed in some form of temporary seasonal agricultural-related work (planting or harvesting crops, landscaping, transporting farm products, processing meat or vegetables). Yes
No

- b. Was the move from one school district to another made for the purpose of looking or obtaining any of the above jobs? Yes No

- c. Is either parent now employed in any of the above kinds of work? Yes
No

- d. Have you moved away from your child during only the summer months to work in seasonal agriculture? Yes No

3. Language Survey

- a. Is any language other than English spoken in your home? Yes No
If yes, which language? _____

- b. Which of the following best describes your child?
Understands only English
Understands the home language listed above
Understands both English and the home language mentioned above.
- c. Which language did your child learn first? _____
- d. In which language do you (the parent) speak most of the time? _____
- e. Has your child ever been in an English as Second Language (ESL) program?
Yes No

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North Side Community School Parent-School Compact

This compact is an agreement between _____ and North Side Community School. It defines what each of us will do in our efforts to educate your child, _____. By living up to its terms and working together, we will provide your child with a good education and a healthy, happy school experience.

Parents/Guardians Commitments

We want our child to be successful in school. To assist our child in achieving success, we commit to do the following:

1. Ensure my child is in school every day, on time and all day.
2. Send my child to school every day ready to learn (fed, rested, and properly dressed).
3. Maintain the school's uniform code by dressing my child in a blue bottom and blue collared shirt Monday through Friday.
4. Maintain an orderly, nurturing home life.
5. Always show interest in my child's schoolwork, help with homework, and review papers sent home by the teacher.
6. Encourage my child to do his/her best in school, to work hard and achieve in school.
7. Communicate regularly and constructively with teachers about my child's work in school.
8. Attend parent/teacher conferences.
9. Insist that my child follow school rules designed to protect the safety and interests of all students and ensure the orderly operation of the school/classroom.
10. Ensure that my child attends our Summer Session every day.

Parents/Guardians' Signatures: _____ **Date:** _____

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Teacher/Administrator Commitments

We want your child to be successful at North Side. To assist your child in achieving this success, we commit to do the following:

1. Create caring, nurturing, and safe classrooms and school.
2. Set high expectations for each child.
3. Maintain high standards and high expectations for ourselves as educators.
4. Work hard every day to plan and teach your child.
5. Identify and respond to the individual needs (academic, social, personal) of your child.
6. Help your child understand and follow rules and become a good student.
7. Communicate regularly and constructively with you about your child's progress.
8. Cooperate with each other and with you in our efforts to help your child.

Teacher/Administrator Signature: _____ **Date:** _____

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Student Health Information

DATE _____
MM/DD/YY

Name of Student Date of Birth

Gender: Male Female 2017-2018 Entering Grade _____

Does your child have any allergies to foods, medications, or environment? Y N

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

Allergy	Mild	Moderate	Severe	Delayed	Life Threatening	Physician Care/Medication Used

Asthma	Mild	Moderate	Severe	Delayed	Life Threatening	Physician Care/Medication Used

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

Does your child have any other illnesses? Y N If yes, please explain:

Does your child take any other medications? Y N If yes, please

explain: _____

Has your child had any surgeries? Y N If yes, please

explain: _____

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STUDENT HEALTH FORM

DATE _____

MM/DD/YY

Please check any of the following that your child has suffered in the past or is suffering presently, (and so indicate):

Diphtheria	Eczema	Ulcer	Measles (3 day)
Measles (regular)	Epilepsy	High Blood Pressure	Hay Fever
Sickle Cell Anemia	Meningitis	Heart Problem	Hepatitis
Mumps	Orthopedic Defect (handicap)	Rheumatic Fever	Whooping Cough
Neck Injury	Asthma	Kidney problems	Bone Joint Injury
Cerebral Palsy	Tuberculosis	Heart Disease	Cleft Palate
Bleeding Tendencies	Psychological or Emotional Problems	Convulsions	Head Injury
Diabetes	Hernia	Other	

Emergency Information and Treatment:

I give North Side Community School 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 _____

Health Insurance Carrier

Policy Number

Physician's Name

Physician's Phone Number

Parent/Guardian Signature

Date

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Records Release Form

DATE _____
MM/DD/YY

Your signature grants the sending school permission to forward your child's school records to North Side Community School.

School Name

School Address

City

State

Zip

School Phone Number

School Fax Number

To: **School Records Clerk**

Student's Name

Date of Birth

Current Grade

Please include the following:

-Birth Certificate

-Immunization Records

-Social Security Card of Child

-Previous Report Cards

-Standardized Test Score

-All Discipline Reports from prior year

Parent/Guardian Signature

Date

This student has enrolled at North Side Community School for the 2017- 2018 school year. Please provide copies of the student's cumulative record, including health record, report cards, attendance records, discipline records, special education reports, IEPs, 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 school district enrolling a pupil that had previously attended a school in such district, respond to such request within five business days of receiving the request.

Please forward the above documentation to:
North Side Community School
3033 N. Euclid St. Louis, MO 63115 Fax:(314)558-1860

NSCS

Early Dismissal and After-School Dismissal Form

DATE _____

MM/DD/YY

Parental authorization for early and after-school dismissal, and Student Information Release Form

Student's Last Name

Student's First Name

Parent's Last Name

Parent's First Name

Primary Phone Number

Secondary Phone Number

Work Number

I authorize North Side Community to release my child, and information regarding my child, to the following adults:

Last Name

First Name

Phone Number Relationship

Last Name

First Name

Phone Number Relationship

Last Name

First Name

Phone Number Relationship

Last Name

First Name

Phone Number Relationship

Parent/Guardian Signature

Date

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Field Trip Permission Form

DATE _____
MM/DD/YY

North Side Community School believes field trips are an important part of its educational program and encourages teachers to expose students to as many educational experiences outside of school as possible. North Side also devotes Friday afternoons to Friday Activities, some of which involve trips off site.

This permission form gives NSCS permission to take your child on these trips. We encourage you to fill out this form and sign it as part of the application process.

In the event that for some reason you do not wish your child to participate in one of the field trips, you must notify the school at least two days before the day of the trip so that arrangements can be made for your child. Always know that you are invited to chaperone your child's field trips.

Name of Student: _____ Grade: _____

Parent/Guardian: (please print) _____

Signature: _____

Date: _____

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Technology Permission Form

DATE _____
MM/DD/YY

North Side Community School considers technology to be one of the central ingredients of our education process. By using tablets, computers, and web-based Internet devices, our students have a window to the world that is necessary in the technology-based world in which we live.

Our programs require students to use the Internet for research, educational games, training, writing, and testing. In addition, every North Side student takes the mandatory standardized test offered by the Missouri Department of Elementary and Secondary Education (DESE) on a computer or web-based device.

Please sign below indicating your approval for your child to use the technology equipment utilized by North Side.

Student Name: _____

Entering Grade: _____

Parent Signature: _____ Date: _____

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North Side Community School Photo Release Form

DATE _____
MM/DD/YY

Throughout the year, we are uploading to our website, our Facebook page and our Twitter or Instagram feed, pictures of our students in action so that we can keep material current and the NSCS family and friends informed.

We send out bi-annual newsletters to our donors and friends, and we send out parent newsletters each month. We like to use pictures of your sons and daughters to reflect what is happening in our school.

Also, North Side is frequently in the news. We often have reporters or media personnel who visit the school and wish to take pictures of our daily activities, or interview, and/or film our students.

We absolutely will not use any image of your child until, and unless, you have given us permission to do so. If you have any questions whatsoever, please feel free to contact your child's teacher or other school officials at any time.

I grant North Side Community School permission to use my child's likeness in a photograph or other digital reproduction in its publications, on its website or school media outlets, or in outside media publications or video productions.

Student: _____ Grade: _____

Parent Name (please print) _____

Signature _____ Date _____

NSCS

BUS TRANSPORTATION FORM 2017-2018

I _____ hereby give my permission for North Side Community School to provide daily transportation to and from school for my child this school year.

NAME OF STUDENT _____

I agree and understand that my child(ren) will follow NSCS bus rules. Our children's safety on the bus is of great importance to me and my family. I also understand the buses are provided to our children as a courtesy and not a privilege. Again, I understand that the school reserves the right to suspend/terminate bus transportation for my child(ren) due to not following to NSCS bus rules/regulations.

ADDRESS: _____
Number Street Zip Code

PHONE NUMBERS: _____
Home Cell

GRADE LEVEL _____ TEACHER _____
(For Office Use Only)

SIBLINGS ATTENDING NORTH SIDE:

Name Grade Level

Name Grade Level

Name Grade Level

Parent Signature Date

