



Learning Beyond Expectations in Preschool Through Eighth Grade

Early Childhood Center, 1916 N Euclid: Children 4-5 years old
Elementary School, 3033 N. Euclid: Grades K-4 | **Middle School**, 620 N. Grand: Grades 5-8
Main Phone All Campuses: 314-385-9502 | www.northsidecommunityschool.org

Enrollment Packet 2022-2023

Student Name _____

Each of the documents listed below must be submitted with this completed enrollment packet for registration or for official entry to any lottery at North Side Community School. Until both your enrollment packet and all of the items on the list below are submitted to the school office, your child cannot be considered for any of our lotteries.

***You must be the parent or legal guardian to enroll the student.**

To Be Filled Out by Office Staff Only:

- | | |
|---|---|
| <input type="checkbox"/> Child's Birth Certificate | <u>For Grades 1-8</u> |
| <input type="checkbox"/> Up-to-date Physical and Shot Records | <input type="checkbox"/> Most Recent Report Card |
| <input type="checkbox"/> Proof of St. Louis City Residency
(Two copies of unpaid utility bills) (Water,
Sewer, Gas, Trash, or Electric) | <input type="checkbox"/> Past School's Standardized Test Scores |
| <input type="checkbox"/> Picture ID (Driver's License, etc.) of
Parent or Guardian | <input type="checkbox"/> Past School's Discipline Record |
| | <u>If Applicable</u> |
| | <input type="checkbox"/> Student's IEP |
| | <input type="checkbox"/> Copy of Legal Guardianship |

North Side Community School Enrollment Packet 2022-2023

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

Date: _____

1. Student Information (please print)

Last Name _____ First Name _____

Middle Name _____ Date of Birth _____

Residence Address _____ Apt/FI _____

City _____ State _____ Zip Code _____

This residence is: Permanent . . Temporary . . . Child is homeless

Child's Gender: Male . . . Female . . . Transgender

Ethnicity: African American/Black Caucasian/White Hispanic/Latin Asian .

Pacific American . . East Indian . Native American

2. August 2022 Entering Grade _____

Previous School _____

Address _____ Phone _____

3. Transportation

To qualify for daily bus transportation, your student must live within the following boundaries:
North of Delmar/Olive Boulevard, South of West Florissant, East of Hamilton, West of 14th Street

Will your student be participating in our bus transportation program? . Yes . . . No

If yes, you must fill out the Bus Transportation Form.

4. IEP or Special Needs

Does your child have Special Needs? Yes . . . No

If yes, explain briefly:

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

5. Sibling Information

Sibling #1 Last Name _____ First Name _____ Date of Birth _____

Grade _____ School _____

Male . . . Female . . . Transgender

Sibling #2 Last Name _____ First Name _____ Date of Birth _____

Grade _____ School _____

Male . . . Female . . . Transgender

Sibling #3 Last Name _____ First Name _____ Date of Birth _____

Grade _____ School _____

Male . . . Female . . . Transgender

If there are additional siblings, please write in names and ages below.

6. Parent/Guardian Information (please print)

Parent/Guardian #1: Last Name _____ First Name _____

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

Address _____ City _____ State _____ Zip _____

Primary Phone _____ cell . home . work

Secondary Phone _____ cell . home . work

Email _____

Employer _____ Street Address _____

Parent/Guardian #2: Last Name _____ First Name _____

Relationship to child _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ cell . home . work

Secondary Phone _____ cell . home . work

Email _____

Employer _____ Street Address _____

7. Emergency Contact

Name	Telephone	Relationship to Child
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8. How would you prefer to receive invitations to school-wide family events and news regarding snow days/late starts? Please rank your choices 1, 2, 3, 4, etc. If you don't use the listed communication method at all, leave it blank or scratch it out.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Phone call/Robocall | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Text to cell | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> School website | <input type="checkbox"/> LinkedIn |

Any student in kindergarten through 8th grade enrolled in North Side Community School can opt to take a course virtually through the Missouri Course Access Program (MOCAP), organized through Missouri's Department of Elementary and Secondary Education (DESE). You may contact your principal for help in accessing this process.

North Side Community School Additional Required Information

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

What Does “Homeless Status” Mean?

The term “homeless children and youth”—

A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and

B. includes —

i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;

ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...;

iii. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

These questions cover the definition of homelessness that is within the Every Student Succeeds Act (ESSA).

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. ___ yes ___ no

Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? ___ yes ___ no

3. Are you currently residing in an emergency or transitional shelter? ___ yes ___ no

4. Has the student been abandoned in a hospital? ___ yes ___ no

5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? ___ yes ___ no

6. Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? ___ yes ___ no

Migratory Status

If you have moved from one school district to another in the past 3 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 either parent employed in some form of temporary seasonal agricultural-related work such as planting or harvesting crops, landscaping, transporting farm products, or 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 the summer months to work in seasonal agriculture? Yes ___ No ___

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 ___



Student Dismissal Authorization and Information Release Form

Date: _____
MM/DD/YY

Student First Name _____ Last Name _____

Parent/Guardian First Name _____ Last Name _____

Primary Phone Number _____

Secondary Phone _____

I, the above named student's parent/guardian, authorize North Side Community School to release my child after school or for any early dismissal to the following safe adults. I also authorize the school to release information regarding my child to these same adults:

Last Name	First Name	Phone Number	Relationship
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Parent/Guardian Signature: _____ **Date** _____



Bus Transportation Form 2022-2023

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

Name of Student/Oldest Student _____ Grade (fall 2022) _____

Siblings Riding Bus with Oldest Student

Name _____ Grade (fall 2022) _____

Name _____ Grade (fall 2022) _____

Name _____ Grade (fall 2022) _____

Name _____ Grade (fall 2022) _____

I agree and understand that my child(ren) will follow the 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 as a courtesy and a privilege. I understand that the school reserves the right to suspend/terminate bus transportation for my child(ren) due to not following the school's bus riding rules.

Parent/Guardian Name Printed _____

Home Address _____

Phone Numbers: Home _____ Cell _____

For Office Use Only

Oldest Student Name _____

Grade Level _____ Assigned Teacher _____



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 their best, 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 and classroom.
10. Ensure that my child attends our Summer Session every day.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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 an orderly school.
2. Set high expectations for your 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.
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: _____



Student-School Compact

This compact is an agreement between _____ and North Side
student/scholar name printed
Community School. It defines the responsibility you have as a scholar to yourself, to your family, to your community, and to your world. A scholar is a person who seeks knowledge. At North Side, scholars also seek justice.

Scholar Commitments

Scholars must seek J.U.S.T.I.C.E. That means you must be:

Just - Truthful at all times even when you may get in trouble. Be fair.

Unapologetic - State your opinion even when it is unpopular. Feel good about standing up for what is right, even when others disagree. Speak up loud and proud.

Self-Disciplined - Make the right decisions even when those decisions are difficult and no one is looking. Come to school every day, even when you may feel like not going.

Tenacious - Work hard. Seek greatness in everything that you do. Do all of your classwork and all of your homework each and every day. Never give up. Try, try, and try some more.

Inquisitive - Be eager to understand and question everything. Look it up. Try new things.

Courteous and Considerate - Be kind. Play nice. Share. Use P.E.T.S.Y. (Please, Excuse me, Thank you, Sorry, You're welcome), consider how others will feel before you speak or take action. Make others feel good.

Enthusiastic - Smile! Always participate. Show off your work. Be optimistic. Life is good.

Scholar Signature: _____ Date: _____

Protect your child right from the start.

Immunization is the single most important way parents can protect their children against serious diseases.

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot.

	Birth	2 Months	4 Months <small>If not @ birth.</small>	6 Months	12-15 Months	15-18 Months	19-23 Months	4-6 Years	11-12 Years
Hepatitis B	✓	✓	✓	✓					
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓		✓		✓	
Haemophilus Influenzae B (Hib)		✓	✓	✓		✓			
Poliovirus (Polio)		✓	✓	✓				✓	
Pneumococcal Conjugate (PCV)		✓	✓	✓	✓				
Measles, Mumps, Rubella (MMR)					✓			✓	
Varicella (Chickenpox)					✓			✓	
Hepatitis A							✓		
Rotavirus (RV)		✓	✓	✓					
Tetanus, Diphtheria, Pertussis (Tdap)									✓
Meningococcal Conjugate (MCV)									✓
Human Papillomavirus (HPV)									✓
Influenza									✓

Each flu season starting at 6 months.

6 month through 8 year olds who receive a flu vaccine for the 1st time should be given 2 doses - 4 wks apart.

Some of these vaccines may be given in combination, meaning fewer shots. ✓ Can be given as early as 12 months, if there is six months since third dose.

Missouri's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). For more information, please call the Missouri Department of Health and Senior Services' Immunizations Program at 800.219.3224 or visit www.health.mo.gov.



Student Health and Medical Consent Form

This form is to be completed by a parent/guardian annually and submitted with your child's most current immunization record.

Student Name _____ **Date of Birth** _____ **Grade (fall 2022)** _____

Doctor Name _____ **Phone** _____

Dentist Name _____ **Phone** _____

Specialist Name _____ **Phone** _____

Your Student's Medical Diagnoses *Please check all that apply.*

Asthma ___ Diabetes ___ ADD/ADHD ___ Autism ___ Seizures ___ Heart/Lung ___

Sickle Cell ___ Bleeding Disorder ___ Eczema ___ Kidney ___ Cerebral Palsy ___

Bone/Joint Disorder ___ Anxiety/Depression ___ Hearing ___ Vision ___

Allergy list (please complete separate allergy checklist document)

Other _____

For medical diagnoses that impact your child's health during the school day and/or require treatment or accommodations, such as severe food allergies or asthma, we will need to create additional health care plans. Please contact the school nurse to complete this information.

Consent

To ensure safe care of my child, I agree that pertinent health information may be shared with appropriate school staff, including transportation employees, on a need to know basis. I agree to alert the school nurse immediately of any change in medication or health status of my child. I will furnish the school with current phone numbers and address in case of an emergency. The school nurse may contact the health care provider regarding any health concerns pertaining to my student.

I understand that basic first aid and emergency care will be provided as needed by school staff.

I understand that in an emergency my child will be transported by ambulance. I authorize emergency personnel to carry out diagnostic and emergency care as deemed necessary. I understand the cost of the ambulance and medical care are my responsibility.

My hospital of preference _____

Insurance Company _____ Policy # _____

Insurance Phone _____

I acknowledge that the above information is true and correct.

Signature of Parent/Guardian _____ Date _____

Student Name _____ **Date of Birth** _____ **Grade (fall 2022)** _____



Student Asthma and Allergy Checklists

Please ensure all equipment, medication, and documents are provided prior to the first day of school. **All documents listed below must be completely, accurately filled out, and then updated yearly.** To receive medications left at the end of the school year, you must pick them up. Expired medications are discarded. Please communicate directly with our school nurse to receive confirmation that we have everything needed to provide first aid as needed.

Student Asthma Preparedness

- Rescue-Inhaler** in the original container with the pharmacy label. Examples are Albuterol, Pro-Air, Proventil, and Ventolin.
- Aero-Chamber/Spacer**
- Medication Consent Form**
- Asthma Action Plan**
- List of Asthma Triggers**
 - _____
 - _____
 - _____
- List of Control Medications** used at home such as Singular, Flovent, Combivent, Advair, Qvar, and Zoe-Air injections
 - _____
 - _____
 - _____

Student Allergy Preparedness

- Epi-pen** in original pharmacy packaging with current pharmacy label and containing both pens
- Antihistamine** in original packaging (only if it is part of your student's allergy action plan)
- Allergy Action Plan** must be updated annually
- Medication Consent Form**
- List of Allergens** including the severity and type of allergic reactions
 - _____
 - _____
 - _____



Student Records Release Form

To: School Records Clerk

Date: _____

MM/DD/YY

Parent/Guardian: Your signature (below) grants your child's prior school permission to forward your child's school records to North Side Community School.

Prior School Name: _____

School Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email: _____

Student Name _____ **Date of Birth** _____ **Grade (fall 2022)** _____

This student has enrolled at North Side Community School for the 2020-2022 school year. Please provide copies of the student's cumulative record, including health record, report cards, attendance records, discipline records, special education reports, EPs, 504 plans, primary language indication, and standardized test scores.

The State of Missouri requires that you respond within five business days of receiving this request. Thank you for your prompt attention to this matter.

Parent/Guardian Signature: _____ **Date** _____

Please send the above documentation to:
North Side Community School
Attn: Enrollment
3033 N Euclid Ave, Saint Louis, MO 63115



Field Trip Permission Form

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 the school permission to take your child on these trips. We provide supervision and bus transportation for these trips. We encourage you to fill out this form and sign it as part of the application process.

If you do not want 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 alternate arrangements can be made. Always know that you are invited to chaperone your child's field trips.

Student Name _____ Grade (fall 2022) _____

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____



Technology Permission Form

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 provided by North Side.

Student Name _____ Grade (fall 2022) _____

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____



Photo and Media Release Form

Throughout the year, we are uploading content to our website and official school social media accounts. This includes photos and videos of our students in action so that we can keep family and friends informed of our latest events and successes.

Photos of students are also used in newsletters and promotional fliers for school events that go to our donors, volunteers, and parents. We like to use pictures of your children to reflect what is happening in our school. For your child's safety, we never publish names (first or last) with these photos unless we have received special permission from you to do so, specifically in situations where your child may have received a special award.

North Side is frequently in the news. We have reporters 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, here, by signing this form. If you have any questions, 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 social media outlets, or in outside media or video publications.

Student Name _____ Grade (fall 2022) _____

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____



How Did You Hear About Us?

Friend/ Family

North Side Signage on Street

Postcard in the Mail

Social Media

Drive by

Daycare

Referral By: _____

Other _____