

STUDENT'S NAME: \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_\_



Creative. Genius.

## Grand Center Arts Academy

Student Enrollment Packet for grades 6, 7, 8, 9, 10, 11, 12 – 2017-18 School Year

Applicants must complete all questions on this application, and submit this form with all required documents.

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*Office Use Only*                      *Original Enrollment Date* \_\_\_\_\_

*Application #* \_\_\_\_\_ *Date received* \_\_\_\_\_ *Received by* \_\_\_\_\_  
.....

### Greetings Prospective Parents and Guardians:

GCAA is a school that provides the highest level of academic and artistic education for the most talented students in the St. Louis community. We are not an alternative school or a place for students with just a mild interest in the arts. Students who are highly creative and already pursuing their artistic dreams will find a home at GCAA. If your child fits this description, than this is the right school of choice for your child.

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Please complete the attached enrollment application, and return with the following documents:

- \_\_\_ Copy of Birth Certificate or other record of child's age
- \_\_\_ Current Immunization Records
- \_\_\_ Proof of Residency

One document showing proof of residence in St. Louis city or approved Saint Louis County School Districts is required. Acceptable proofs of residence include: Utility bills (electric, water, etc.), mortgage or lease agreement. Renters must submit name, address and phone number of landlord. Proofs must be dated within 30 days of submission to the school.

**\*\*If you are unable to provide the above-referenced documents, or if you have other questions regarding residency, please contact NAME, TITLE, at PHONE NUMBER.\*\* Any person who knowingly submits false information to satisfy residency requirements is guilty of a class A misdemeanor.**

- \_\_\_ Student Demonstration must take place as a part of the application process and prior to enrollment.

Grand Center Arts Academy also requests the following:

- \_\_\_ Student Services Intake Form
- \_\_\_ Home Language Survey
- \_\_\_ Dismissal/Emergency Treatment info
- \_\_\_ Authorization for Release of School Records
- \_\_\_ A copy of Student's most recent report card

*It is the policy of Grand Center Arts Academy not to discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990. No person shall be excluded from participation in, or be denied the benefits of, any service; or be subjected to discrimination because of race, color, national origin, religion, sex age, or disability.*

**APPLICANT INFORMATION.....**

Student's Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street Unit/Apt #  
\_\_\_\_\_ City State Zip Code

School District in which Address is Located: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Enrolling in grade: Six \_\_\_\_ Seven \_\_\_\_ Eight \_\_\_\_ Nine \_\_\_\_ Ten \_\_\_\_ Eleven \_\_\_\_ Twelve \_\_\_\_

Race/Ethnicity: \_\_\_\_ Black/African American \_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ Asian/Pacific \_\_\_\_ American Indian \_\_\_\_ Other

**High School Art Pathway:** (Circle ONLY one)

Visual Art Vocal Music Instrumental Music Dance Theater Musical Theater Technical Theater

**PARENT/GUARDIAN INFORMATION.....**

**Parent/Guardian 1** \_\_\_\_\_  
First Name Last Name Relationship to Student

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Military: Active Duty National Guard/Reserves None  
(circle one)

Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_  
First Name Last Name Relationship to Student

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Military: Active Duty National Guard/Reserves None  
(circle one)

Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

***Previous School's Information***

\_\_\_\_\_  
School's Name School's City & State School's District

Type of School:  Public  Charter  Private  Parochial  Other

Years of Attendance: \_\_\_\_\_

## ***Student Services Intake Information***

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

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

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

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

**If yes, please provide us a copy.**

Has your child ever received special education services?  Yes  No

Does your child receive accommodations under section 504 of the Rehabilitation Act of 1973?  Yes  No

**If yes, please provide us a copy of the 504 plan.**

Has your child been evaluated and identified for gifted education services in a prior school? If available, please provide a copy of the psychological evaluation testing results used for identification and documentation of acceptance into gifted services.  Yes  No

## ***Homeless Status***

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?

Yes  No Please provide explanation: \_\_\_\_\_

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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?  Yes  No

Are you currently residing in a shelter?  Yes  No

Are you currently living in a temporary housing arrangement due to economic hardship?  Yes  No

## ***Migratory Status***

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

Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work (planting or harvesting crops, landscaping, transporting farm products to market, processing meat or vegetables, etc.)?  Yes  No

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

Is either parent (or guardian) now employed in any of the above kinds of work?  Yes  No

Have you moved away with your child during only the summer months to work in seasonal agriculture?

Yes  No

## ***Home Language Survey***

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

Less than 1 year

More than 1 year, but less than 3 years

3 years to 5 years

More than 5 years

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

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

\_\_\_\_\_

Which of the following best describes your child?

Understands only English

Understands only the home language listed above

Understands both English and the home language listed above

Which language does your child understand the best?

English

Home language listed above

Understanding equal

Which language did your child learn to speak first?

English

Home language listed above

Which language does your child speak most of the time?

English

Home language listed above

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

English

Home language listed above

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## ***Emergency Information and Treatment***

I give Grand Center Arts Academy 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: \_\_\_\_\_

I authorize Grand Center Arts Academy to release my child, and information regarding my child, to the following adults.

Last Name	First Name	Phone Number	Relationship
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Last Name	First Name	Phone Number	Relationship
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Last Name	First Name	Phone Number	Relationship
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Last Name	First Name	Phone Number	Relationship
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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MISSOURI SAFE SCHOOLS ACT**

**OATH OR AFFIRMATION REGARDING PRIOR DISCIPLINE**

**TO BE COMPLETED PRIOR TO ENROLLMENT OF STUDENT**

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

1. I am the parent, legal guardian, or other person having custody or charge of \_\_\_\_\_ ("Student"), a student seeking to enroll in Grand Center Arts Academy.

2. Please provide **all** additional information requested]. **WARNING:** Under Missouri law, the failure to provide true, accurate and complete information to each and every question and subpart thereto may result in your being charged with and convicted of a Class B misdemeanor. This statement will be retained as part of Student's education record.

Is the above student presently under suspension or expulsion from another school, including any public or private school in Missouri or another state?

\_\_\_\_\_Yes      \_\_\_\_\_No      If yes, please explain, including the following information:

- i. Name and Address of School District
- ii. Name of School
- iii. Nature of Offense
- iv. Date of offense
- v. Date Suspension/Expulsion Began
- vi. Date Suspension/Expulsion is Scheduled to End

Has the Student **been suspended or expelled** from a school in this state or another state for one or more offenses relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student?

\_\_\_\_\_Yes      \_\_\_\_\_No      If yes, please explain, including the following information:

- i. Name and Address of School District
- ii. Name of School
- iii. Nature of Offense
- iv. Date of offense
- v. Date Suspension/Expulsion Began
- vi. Date Suspension/Expulsion Ended/Is Scheduled to End

3. Has Student been convicted or charged with any of the following crimes in juvenile or adult courts?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, indicate which crime(s):

\_\_\_\_\_ First degree murder under section 565.020 RSMo.

\_\_\_\_\_ Second degree murder under section 565.021 RSMo.

\_\_\_\_\_ First degree assault under section 565.050 RSMo.

\_\_\_\_\_ Forcible rape under section 566.030 as it existed prior to August 28, 2013, or rape in the first degree under section 566.030 RSMo.

\_\_\_\_\_ Forcible sodomy under section 566.060 as it existed prior to August 28, 2013, or sodomy in the first degree under section 566.060 RSMo.

\_\_\_\_\_ Statutory rape under section 566.032 RSMo.

\_\_\_\_\_ Statutory sodomy under section 566.062 RSMo.

\_\_\_\_\_ Robbery in the first degree under section 569.020 as it existed prior to January 1, 2017, or robbery in the first degree under section 570.023 RSMo.

\_\_\_\_\_ Distribution of drugs to a minor under section 195.212 as it existed prior to January 1, 2017, or delivery of a controlled substance under section 570.023 RSMo.

\_\_\_\_\_ Arson in the first degree under section 569.040 RSMo.

\_\_\_\_\_ Kidnapping or kidnapping in the first degree, when classified as a class A felony under section 565.110 RSMo.

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**THIS PAGE TO BE COMPLETED BY THE STUDENT APPLICANT.....**

*WE WOULD LIKE TO KNOW MORE ABOUT YOU -*

**1. Why do you want to attend Grand Center Arts Academy (GCAA)?** \_\_\_\_\_

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**2. What do you think would be interesting or exciting about attending GCAA?** \_\_\_\_\_

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**3. Why does your parent or guardian think that GCAA is the right school for you?** \_\_\_\_\_

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**4. Please tell us about your interest and experience in the arts? (For example: Have you been in a play? Sung in a choir? Do you love to paint or draw? Do you play a musical instrument?)**

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**5. How did you hear about Grand Center Arts Academy?** \_\_\_\_\_

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**SECTION V – STUDENT ADMISSION CHECKLIST.....**

***Please note that the enrollment process cannot be completed, and admittance granted, until all legible photocopies of the required documents listed below accompany a completed application.***

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**Required documentation to enroll at Grand Center Arts Academy**

**Please return completed application along with:**

- \_\_\_ Copy of a Birth Certificate or other record of student’s age
- \_\_\_ Current Immunization Records
- \_\_\_ GCAA Commitment to Excellence Form
- \_\_\_ Request for Records
- \_\_\_ Proof of Residency: Two documents showing proof of residence in St. Louis city or approved Saint Louis County School Districts. Acceptable proofs of residence include: Utility bills (gas, electric, water, cable/internet service), lease or mortgage. Renters must submit name, address and phone number of landlord. Proofs must be dated within 30 days of submission to the school.
- \_\_\_ Student Demonstration must take place as a part of the application process.

**If you are unable to provide any of the above-referenced documents, please contact NAME, POSITION, TELEPHONE NUMBER.**

**Mail or hand deliver all of the above documents  
and Application in one envelope to:  
Grand Center Arts Academy  
711 N. Grand  
Saint Louis, MO 63103**

**By signing below, I understand the aforementioned conditions of the application process and I attest to the honesty of the information above. If any of the information on this application is found to be false, or intended to mislead, the student will no longer be eligible for enrollment.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

## ***Request for Records***

Missouri law requires Grand Center Arts Academy to request your Student's records from you Student's prior school(s). Your completion of this form facilitates that process.

\_\_\_\_\_  
Name of Current School

\_\_\_\_\_  
School's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
School's Phone Number

\_\_\_\_\_  
School's Fax Number

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID# (if available): \_\_\_\_\_

Current Grade: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

Parent/Guardian Signature

Date

**This student has submitted an enrollment application to Grand Center Arts Academy for the 2017-2018 school year.**

### **Please provide all applicable records, including:**

- Student's Cumulative Record
- Health Records
- Report Cards
- Attendance Records
- Discipline Records
- Initial Special Education Evaluations
- District & School Code
- MOSIS ID #
- Special Education Reports
- IEP's
- Special Education Reevaluations
- Section 504 Plan
- Primary Language
- Gifted Identification -  
Psychological Evaluation Test Form
- Standardized Test Scores

The State of Missouri requires that any school district, which receives a request for education records from another school district enrolling a pupil who had previously attended a school in the district from which the student is transferring, will respond to such request within five business days of receiving the request with or without a parent's signature.

**Please mail or fax the above documentation to:**

**Grand Center Arts Academy  
District Code (115918)  
Middle School Building Code (3920) – High School Building Code (1945)  
711 N. Grand  
St. Louis, Mo 63103  
Fax: 314-371-4630  
Phone: 314-533-1791**

**GCAA:** \_\_\_\_\_

**Parents’/Guardians’ Commitment**

We fully commit to GCAA in the following ways:

- We will make sure our child arrives at GCAA by 7:50 a.m. (Monday – Friday)
- We will make arrangements so our child remains at GCAA until 3:15 p.m.
- We will make arrangements to pick up our child at 3:15 p.m. each day.
- We will always help our child in the best way we know how and we will do whatever it takes for him/her to learn. This also means that we will check our child’s homework every night.
- We will always make ourselves available to our children and the school, and address any concerns they might have. This also means that if our child is going to miss school, we will notify the office as soon as possible, and we will carefully read any and all papers that the school sends home to us.
- We will allow our child to go on GCAA field trips.
- We will make sure our child follows the GCAA dress code.
- We understand that our child must follow the GCAA rules so as to protect the safety, interests, and rights of all individuals in the classroom. We, not the school, are responsible for the behavior and actions of our child.
- Failure to adhere to these commitments can cause my child to lose various GCAA privileges and can lead to my child returning to his/her home school.

*Signed:* \_\_\_\_\_

**Student’s Commitment**

I fully commit to GCAA in the following ways:

- I will arrive at GCAA every day by 7:50 A.m. (Monday – Friday).
- I will remain at GCAA until 3:15 p.m.
- I will always work, think, and behave in the best way I know how, and I will do whatever it takes for me and my fellow students to learn. This also means that I will complete all my homework every night, and I will raise my hand and ask questions in class if I do not understand something.
- I will always make myself available to parents and teachers, and address any concerns they might have. If I make a mistake, this means I will tell the truth to my teachers and accept responsibility for my actions.
- I will always behave so as to protect the safety, interests, and rights of all individuals in the classroom. This also means that I will always listen to all my GCAA teammates and give everyone my respect.
- I will follow the GCAA dress code.
- I am responsible for my own behavior, and I will follow the teachers’ directions.
- Failure to adhere to these commitments can cause me to lose various GCAA privileges and can lead to returning to my home school

*Signed:* \_\_\_\_\_

Left blank intentionally

Health History Form - Grand Center Arts Academy

GRADE

School Year: \_\_\_\_\_

NAME		BIRTHDATE	SEX
ADDRESS			
FATHER/GUARDIAN		PRIMARY PHONE	ALTERNATE PHONE
MOTHER/GUARDIAN		PRIMARY PHONE	ALTERNATE PHONE
EMERGENCY CONTACT (NAME & PHONE)		RELATIONSHIP TO CHILD	

Please circle any of the following that affect your child:

Asthma	Allergies	Diabetes
Blood Disorders	Ear Problems	Vision Problems
Seizures	Heart Problems	ADHD/Emotional Problems
Skin Diseases	Frequent Sore Throats	Kidney Problems

Explain all of the circled items:

List any allergies that affect your child:

List any hospitalizations; when and what for?

List any surgeries; when and what for?

Medications: List all prescribed medications or any other taken on a regular basis?

EMERGENCY ACTION needed for your child's health condition while at school? Yes No (circle one)

If yes describe: \_\_\_\_\_

Any other medical issue the school should know about this student? Yes No (circle one)

If yes describe: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_