

# Hogan Preparatory Academy

## Elementary School Enrollment Checklist

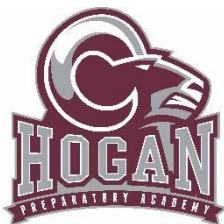
Date	Staff Initials	<b>Required Item</b> (must be submitted <i>before</i> acceptance)
		Completed Hogan Enrollment packet
		Proof of Residency (current lease/rental agreement or utility bill)
		Records from previous school(s) – transcripts, test scores, attendance, and discipline
		IEP or 504 plan from previous school (if applicable)

Date of contingent acceptance:	Date by which remaining enrollment items are due*:
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\*For acceptance April-June – one week from date of acceptance to provide remaining enrollment items; for acceptance July and beyond – two business days (48 hours) from date of acceptance to provide remaining enrollment items. If required items are not provided, student will be moved to the waiting list.

Date	Staff Initials	<b>Required Item</b> (must be submitted <i>after</i> acceptance, <i>in order to complete enrollment process</i> )
		Signed Technology Agreement
		Completed and Signed Medical Form
		Copy of current immunization records
		Copy of Birth Certificate
		Completed Transportation Form

Date of formal acceptance:	By authorized staff:
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# Hogan Preparatory Academy

Elementary School  
New Student Application

Thank you for your interest in Hogan Preparatory Academy Elementary School.

All families enrolling at Hogan Preparatory Academy must live within the boundaries of the Kansas City Missouri School District.

Hogan Preparatory Academy does not limit admission based on race, ethnicity, national origin, sexual orientation, disability, gender, income level, proficiency in the English language, or athletic ability. HPA may limit admission to students within a given age group or grade level.

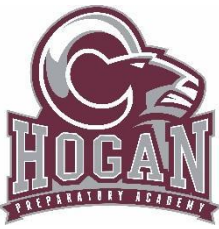
Our open enrollment window is March 1-31, 2017. **Please submit your completed enrollment application packet before 1:00 pm on March 31, 2017. You must also submit proof of residency in the form of a current (within 30 days) utility bill or mortgage/lease agreement.**

If the number of students applying is less than the number of openings at any grade level, all students will be admitted (with the exception of Safe Schools violations). If the number of students applying during open enrollment is greater than the number of openings at any grade level, the school will use a lottery admissions process to assure all applicants an equal chance of gaining admission. A waiting list will then be established.

Hogan Preparatory Academy gives preference to siblings of current Hogan students and Hogan employees who live within the boundaries of the Kansas City Missouri School District.

If your child is selected for enrollment, you will need to submit the following documentation within one week in order to secure your enrollment spot:

- Current immunization records
- Birth certificate
- Technology Agreement (from school)
- Medical Form (from school)
- Transportation Form (from school)



# Hogan Preparatory Academy

Elementary School  
New Student Application

STUDENT INFORMATION		MAY ONLY BE COMPLETED BY PARENT/GUARDIAN				
<b>STUDENT'S FULL NAME</b> <i>Last, first, middle (please print)</i>						
<b>Date of birth:</b>	<b>Gender</b> MALE                      FEMALE		<b>Applying for grade</b> K    1    2    3    4    5			
<b>Previous School(s) Attended</b> – <i>list <u>all</u> schools, records must be requested and received for all schools of attendance</i>						
<b>Reason(s) for Leaving</b>						
<b>Race/Ethnicity</b>						
<ul style="list-style-type: none"> <li>American Indian/ Alaskan Native</li> <li>White/Caucasian</li> </ul>		<ul style="list-style-type: none"> <li>Asian/Pacific Islander</li> <li>Multi-Racial</li> </ul>		<ul style="list-style-type: none"> <li>Black/African American</li> <li>Other:</li> </ul>		<ul style="list-style-type: none"> <li>Hispanic/Latino</li> </ul>

HOUSEHOLD INFORMATION		
<b>1. Parent/Guardian</b> (last, first)		<b>Relationship to student:</b>
<b>Home Address</b> (including zip code)		
<b>Home phone</b>	<b>Cell phone</b>	<b>Work phone</b>
<b>Email address</b>		
<b>2. Parent/Guardian</b> (last, first)		<b>Relationship to student:</b>
<b>Home Address</b> (including zip code)		
<b>Home phone</b>	<b>Cell phone</b>	<b>Work phone</b>
<b>Email address</b>		

<b>Sibling Name</b>	<b>Age</b>	<b>School</b>
<b>Sibling Name</b>	<b>Age</b>	<b>School</b>
<b>Sibling Name</b>	<b>Age</b>	<b>School</b>
<b>Sibling Name</b>	<b>Age</b>	<b>School</b>

**LEGAL INFORMATION**

Please mark the appropriate statement:

- Yes, I have legal documentation that Hogan Preparatory Academy needs to keep on file. A copy of those documents are attached to this application (foster care information, adoption papers, orders of protection or restraining orders, parenting plans or custody agreements, or any other legal documents signed by a judge pertaining to child custody).
- No, I do not have legal documentation on my child that the school needs to be aware of.

As the parent/guardian, it is my responsibility to keep Hogan Preparatory Academy informed of any legal custody changes, whether temporary or permanent. I will provide the school with all appropriate documents as soon as they are available.

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

\_\_\_\_\_  
Date

**SPECIAL EDUCATION INFORMATION**

Does your child have a 504 plan?                      YES                      NO

Does your child have an Individualized Education Plan (IEP)?                      YES                      NO

**FEDERAL PROGRAMS INFORMATION**

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? If a similar reason, please explain:	YES	NO
Are you currently residing at a hotel, motel, 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
Do you live in federal subsidized housing?	YES	NO
Does your student speak a language other than English?	YES	NO
Is there a language other than English spoken at home?	YES	NO
Has the student's parent/guardian(s) been employed within the past three years in some form of temporary or seasonal agricultural work or related food process business?	YES	NO
Does the parent/guardian(s) work for the federal government?	YES	NO
Does your student live with both of his/her parents?	YES	NO

**EMERGENCY CONTACT INFORMATION - MUST BE NAMES OTHER THAN THE PARENT/GUARDIAN**

<b>1. Name</b> (last, first)		<b>Relationship to student:</b>
<b>Home phone</b>	<b>Cell phone</b>	<b>Work phone</b>
<b>2. Name</b> (last, first)		<b>Relationship to student:</b>
<b>Home phone</b>	<b>Cell phone</b>	<b>Work phone</b>
<b>3. Name</b> (last, first)		<b>Relationship to student:</b>
<b>Home phone</b>	<b>Cell phone</b>	<b>Work phone</b>
<b>4. Name</b> (last, first)		<b>Relationship to student:</b>
<b>Home phone</b>	<b>Cell phone</b>	<b>Work phone</b>

I understand in the event of an emergency, Hogan Preparatory Academy will attempt to contact me as quickly as possible to arrange for medical treatment. If Hogan Preparatory Academy staff is unable to reach me, I recognize that the school will seek medical treatment for my child at the nearest hospital.

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

\_\_\_\_\_  
Date



# Hogan Preparatory Academy

## Request for Records/Release of Information

### TO BE COMPLETED BY PARENT/GUARDIAN

<b>Date of request:</b>	<b>Student's Full Name</b>	
<b>Date of birth:</b>	<b>Previous School</b>	
<b>Gender</b> MALE                      FEMALE	<b>Dates Attended</b>	<b>Office Phone Number:</b>
<b>Parent Signature</b>		<b>Fax Number:</b>

### TO BE COMPLETED BY OFFICE STAFF

As required by the Missouri Safe Schools Act, please submit the records requested within seven (7) days after the student has attempted to enroll.

**Please fax/mail the following information to :**

Hogan Preparatory Academy  
Elementary School  
5809 Michigan Ave  
Kansas City, MO 6413  
Phone - 816.444.5010  
Fax - 816.361.2410

\_\_\_\_\_ **MOSIS Number** \_\_\_\_\_

\_\_\_\_\_ **Transcripts and Standardized Test Scores**

\_\_\_\_\_ **Attendance Records**

\_\_\_\_\_ **Immunization and Health Records**

\_\_\_\_\_ **Withdrawal Schedule and Grades**

\_\_\_\_\_ **Discipline Records**

\_\_\_\_\_ **IEP (if applicable)**

**Name of person verifying and sending records:** \_\_\_\_\_

Signature of Hogan official: \_\_\_\_\_ Date: \_\_\_\_\_



# Hogan Preparatory Academy

## Elementary School - Technology Agreement

### Cell Phones and Other Personal Electronic Devices

In all possible circumstances, cell phones and other personal electronic devices should remain at home. If a student must have a cell phone for safety purposes, the student should keep the phone off and in his or her backpack during the school day. Hogan is not responsible for lost or stolen cell phones or devices. Please contact the office if you need to communicate with your child during the school day. Phones that are out (including in students' pockets) during the school day may be confiscated by Hogan staff and parents may be contacted to retrieve the device.

### Technology Usage

Students at Hogan Preparatory Academy will have frequent access to technology for academic purposes. Refer to Hogan Board of Directors policy 6400 for a complete explanation of Acceptable Use of Electronic Systems. Students are expected to:

*Use technology only to assist in learning* – Students should remain on approved, teacher-directed sites at all times. If ever they arrive at a site that is questionable, the student should immediately report to Hogan staff. Students should never engage in any form of cyberbullying, profanity, inappropriate activity (at the discretion of Hogan Preparatory Academy), or cheating/plagiarism.

*Respect privacy and rights* – Students should not, under any circumstances, provide personal information (including, but not limited to, address, phone number, work, or photographs) about themselves or others. Students are expected to keep usernames and passwords confidential. Students may never use or send anything from the computer or Internet that belongs to someone else without their permission.

*Treat all devices with care* – Students should refrain from eating or drinking around all technology devices. Students are expected to handle all devices with care and safety. Students who damage any technology device may be asked to pay for the cost of repair/replacement.

*Students who violate the above expectations will be subject to disciplinary action, at the discretion of school and/or district administration.*

### Photographs/Video Recordings

Students may be videotaped or photographed during their involvement in various school-related activities for use in district publications (including Hogan's webpage), video productions, or newspapers.

\_\_\_ Yes, permission is granted for video/photo reproduction of my child to be used by Hogan Preparatory Academy in the media or district website.

\_\_\_ No, I do not grant permission for Hogan Preparatory Academy to use video/photo reproduction of my child in the media or district website.

*I authorize my student to use the network and technology devices at Hogan Preparatory Academy for educational purposes according to Board of Directors policy 6400. My student will be asked, at a later date, to sign a Student Technology Use Agreement, and I will discuss these expectations with my child at that time.*

Parent/guardian's printed name

Parent/guardian's signature

Date



# Hogan Preparatory Academy

## Elementary School – Medical Form

<b>STUDENT INFORMATION</b>		<b>MAY ONLY BE COMPLETED BY</b>	
<b>PARENT/GUARDIAN</b>			
<b>STUDENT'S FULL NAME</b> <i>Last, first, middle (please print)</i>			
Date of birth:	<div style="text-align: right; margin-bottom: 5px;">Gender</div> <div style="display: flex; justify-content: space-around;"> <span>MALE</span> <span>FEMALE</span> </div>		
Name of primary Healthcare provider:	Healthcare provider's phone number:		
<b>MEDICAL HISTORY: Circle all those that apply. Please explain in the space below.</b>			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><ul style="list-style-type: none"><li>• Asthma</li><li>• Food Allergy</li><li>• Diabetes</li><li>• Seizures</li><li>• Heart Condition</li><li>• Drug Allergy</li><li>• Infectious Disease</li></ul></div> <div style="width: 33%;"><ul style="list-style-type: none"><li>• Respiratory Impairment</li><li>• Kidney/Urinary Disorder</li><li>• Scoliosis</li><li>• Skin Disorder</li><li>• Bone/Joint Disorder</li><li>• Stomach Disorder</li><li>• Headache/Migraine</li><li>• Blood Disorder</li></ul></div> <div style="width: 33%;"><ul style="list-style-type: none"><li>• ADHD/ADD</li><li>• Anxiety Disorder</li><li>• Depression</li><li>• Mental Health Condition</li><li>• Hearing Impairment</li><li>• Glasses/Contacts</li><li>• Vision Disorder</li><li>• Other</li></ul></div> </div> <p style="margin-top: 10px;"><b>Please explain any conditions checked above:</b></p>			
<b>List any surgeries:</b>			
<b>MEDICAL CARE:</b> <i>Please write the date (month and year) of your child's last...</i>			
Physical Exam:	Vision/Eye Exam:	Dental Exam:	
<b>ALLERGIES:</b>			
Does your child have any allergies?		If yes, please explain the allergy, type of reaction, and treatment.	
YES      NO			
<b>MEDICATION:</b>			
Does your child receive medication at school?    YES      NO <i>If yes, a separate form will need to be completed.</i>			
Please list any medications your child receives at home:			



**OTHER MEDICAL INFORMATION:** Please share any other information regarding your child and their health needs.

**PARENT CONSENT:**

- ✓ I understand immunizations must be on file with the school for my child to attend. It is my responsibility to provide update vaccination records to the school.
- ✓ I understand that, while medical information is confidential, the school nurse and other staff may, at times, deem it necessary to share my student's information with teachers, administrators, social workers, cafeteria staff or other necessary personnel.
- ✓ I understand in the event of an emergency, HPA will attempt to contact me as quickly as possible to arrange for medical treatment. If staff is unable to reach me, I recognize that the school will seek medical treatment for my child at the nearest hospital.

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

\_\_\_\_\_  
Date



# Hogan Preparatory Academy

## Transportation Request Form

STUDENT INFORMATION	MAY ONLY BE COMPLETED BY PARENT/GUARDIAN
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**STUDENT'S FULL NAME**  
*Last, first, middle (please print)*

<b>Building:</b>	Circle:	<input type="radio"/> Elementary <input type="radio"/> Middle <input type="radio"/> High	<b>Grade:</b>
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**Home Address:**

**Transportation Address:**

<input type="checkbox"/> Same as home address	<input type="checkbox"/> Other (please specify)
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**Severe Medical Conditions:** (Doctor's note must be provided)

TRANSPORTATION AGREEMENT
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*Transportation to and from Hogan Preparatory Academy by bus is a privilege afforded to students who are willing to abide by the transportation expectations below.*

- Students should arrive at their bus stop five (5) minutes prior to pick-up time.
- Students who cross the road at a bus stop **MUST WAIT** for the driver's hand signal and cross in front of the bus.
- Students cannot exit the bus at any stop other than their assigned bus stop. Students may not ride a different bus without a letter of permission from their parents *and* an approval from their school's Principal's Office.
- Any change in student's transportation will be initiated through the school with a note or phone call from the child's authorized parent/guardian
- Students are responsible for damage to buses, intentional or unintentional, from acts of misbehavior,
- Students who are undeliverable (parent not at stop to receive student) will be returned to the school and parents will be contacted to provide transportation. Repeated instances of a student being undeliverable will result in bus suspension.

- CONSEQUENCES**
1. Student warned by driver and moved from area of problem.
  2. Notice to parent (phone call or letter).
  3. Notice to parent and a bus suspension (length determined by administration)
  4. Parent meeting
  5. Other consequences as determined by the school

**BUS RULES**

1. Sit in assigned seat
2. Stay seated with body out of the aisle
3. Keep hands, feet and objects to yourself
4. Keep personal belongings, including food, inside backpack.
5. Follow directions the first time
6. Use a quiet voice and kind words.

- SEVERE CLAUSE:** *Major* violations for which a pupil may be subject to immediate suspension from the bus are:
1. Possession of tobacco products, drugs or drug paraphernalia on the bus.
  2. Throwing objects in, out or at the bus.
  3. Possession of dangerous items, such as knives or sharp blades on the bus.
  4. Foul or abusive language toward the driver.
  5. Damaging the bus, such as cutting seats, writing on seats/walls, etc.
  6. Fighting, hitting or any horse-playing on the bus.
  7. Creating a safety hazard for the bus.

- ✓ I understand and agree to the above rules and expectations for use of Hogan transportation.
- ✓ I understand and agree to the above consequences, including the severe clause, regarding student misbehavior while using Hogan transportation.

Parent/Guardian Signature	Date
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