






Thank you for choosing Guadalupe Centers Charter School. Below is a list of documents that we need in order for your application to be considered. *(Gracias por elegir las escuelas de chárter de Guadalupe Centers. A continuación hay una lista de los documentos que necesitamos para que su aplicación sea considerada.)*


Your application will be considered when **ALL** documents are completed and returned.

(Su solicitud será considerada cuando TODOS los documentos sean completados y devueltos.)

 Proof of residency such as: a utility bill, mortgage/lease agreement or a notarized letter.
(Comprobante de domicilio por ejemplo recibo de utilidades, contrato de casa o carta notarizada)

 Updated immunization record
(Cartilla de vacunación al corriente)

 Birth certificate- original or certified copy.
(Acta de nacimiento-original o copia certificada)

 Court Documents if applicable such as: Custody/Guardianship, Foster, Adoption, Restraining order.
(Documentos judiciales si le corresponde, por ejemplo, papeles de custodia, adopción o orden de restricción.)



Student Information

Grade you are enrolling for 2018-2019 _____

Student's Legal Name: _____
Last First Middle

Date of Birth _____ Male Female Student's Primary Language _____
M/D/Y

Address _____ City _____ Zip code _____

Racial/Ethnic Heritage: Please circle one:

White Black Hispanic Asian Native American Other: _____

Please list Siblings younger than 20 years of age and the school they are currently attending.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

How did you learn about Guadalupe Centers Charter Schools? _____

Has this student previously attended school at Guadalupe Center Schools? No Yes When _____

List previous School attended _____

Parent Information

Relation to child _____

Relation to child _____

Primary language _____

Primary language _____

Name: _____

Name: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Is there a court order pertaining to parental rights to the student? No Yes

Emergency Contact

If an emergency arises and I cannot be reached, contact the following: (Different names than parental guardians and who live nearby.)

Name of Contact	Relationship to student	Phone	Can they make an Emergency Decision?		May this person pick up your child from school?	
			(Yes)	(No)	(Yes)	(No)
			(Yes)	(No)	(Yes)	(No)
			(Yes)	(No)	(Yes)	(No)
			(Yes)	(No)	(Yes)	(No)

Transportation: (Please circle)

How will your child get to school? Walk Car Ride Bus Drive Other: _____

How will your child get home? Walk Car Ride Bus Drive Other: _____

Office Use

Please initial once received. Date received _____

_____ Proof of address _____ Birth Certificate _____ Immunizations _____ Student records

Copy sent to the Director of: ELL SPED Nurse Date: _____

Student Name: _____

Language	What was your child's first language?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	Which language(s) does your child use (speak) at home and with others?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	Which language(s) does your child hear at home and understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
	If any of these answers indicate a language other than English, please complete the rest of the survey		
	Does the student understand when someone speaks with him/her in a language besides English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Does the student read in a language other than English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Does the student write in a language other than English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Does the student interpret for you or anyone else in a language other than English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Federal Programs	Has either parent/guardian or child been employed within the past three years (or are any of the aforementioned currently employed) in some form of temporary or seasonal agriculture work such as: (circle all that apply)	
	Planting or harvesting crops	Transporting farm products to market
	Feeding or processing poultry, beef, hogs	Gathering eggs or working in hatcheries
	Working on a dairy farm or catfish farm	Cutting firewood or logs to sell
	Has your child always lived in the U.S., if not please state the other country <input type="checkbox"/> No <input type="checkbox"/> Yes Country _____	
	How many years did the student attend school where the native language was used for instruction? _____ yrs.	
	How long has your child been in the U.S.? _____ yrs.	
How many years has your child attended school in the U.S. _____ yrs.		
What was the most recent month and year the student attend school? _____		
Do you believe that your child has learning difficulties that affects his/her ability to understand? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Special Services	Has your child ever been referred to be evaluated for an IEP or 504? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Does your child have a current IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Does your child have a current 504 plan? <input type="checkbox"/> No <input type="checkbox"/> Yes

McKinney Vento	Do you currently reside with another family, someone other than family, or in a Temporary housing facility? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If Yes, please answer the questions in the box:	
	Are you sharing the housing of other persons due to loss of housing, economic hardship or a similar reason?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	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?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Are you currently residing in a shelter?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Are you currently living in a temporary housing arrangement due to economic hardship?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Does the parent/guardian work for the federal government?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Do you live in federally subsidized housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	With whom does the student live? <input type="checkbox"/> Parent <input type="checkbox"/> A relative <input type="checkbox"/> Friend <input type="checkbox"/> Alone with no adult <input type="checkbox"/> An adult that is not a parent or legal guardian	

Media Release	I consent to my child being photographed, interviewed and/or videotaped by representatives of Guadalupe Centers, its agents and independent contractors. Any information or images obtained from those activities may be reproduced by the school and or the public media for use in advertising, publicity or educational activities, including but not limited to district and school publications, videos, print and television news and district and/or school web sites. I hereby waive any claims I may have, and release the school district and its employees from liability of claims arising out of such activities.	
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Parent/Guardian Initials _____

6th-12th grd	Is your child interested in being part of the school's music program (band)? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Has he/she ever studied a musical instrument before? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If Yes, what instrument did he/she study? <input type="checkbox"/> No <input type="checkbox"/> Yes

Guadalupe Center does not discriminate on the bases of sex, race, religion, national origin, age, disability, sexual orientation, gender identity, or any other factor prohibited by law in its programs and activities. If you believe you have been subject to discrimination or harassment, or if you have any inquiries regarding the District's nondiscrimination policies, please contact the Superintendent.



Student Information *(Información del estudiante)*

Student's Legal Name: _____
Last (apellido) First (primer nombre) Middle (segundo nombre)

Date of Birth _____ Last grade attended _____
(Fecha de nacimiento) (Grado del año pasado)

Prior School Information *(Información de la escuela anterior)*

Name of School: _____ District: _____
(Nombre de Escuela) (Distrito escolar)

School Phone: _____ School Fax: _____
(Num. de Tel.) (Num. de fax)

School Address: _____
(Dirección)

Release of records

Do NOT withdraw student:

Please send all documents pertaining to this student's records including the following: (*if applicable)

- | | | |
|----------------------|--------------------------|--------------------------------|
| MOSIS number | Standardized Test Scores | *504 Plan |
| Immunization Records | Attendance Records | *WIDA Scores |
| Discipline Records | Last Report Card | *SPED test/evaluations and IEP |

Notes: _____

Please fax or email records to the following schools

Pre-K

5123 E. Truman
Kansas City, MO 64127
Phone 816-994-0303
Fax 816-472-1471

Tamos@guadalupecenters.org

Elementary School

5123 E. Truman
Kansas City, MO 64127
Phone 816-994-0396
Fax 816-472-1471

Tamos@guadalupecenters.org

Middle School

2640 Belleview
Kansas City, MO 64108
Phone 816-472-4120
Fax 816-960-4913

Rgarcia@guadalupecenters.org

High School

1524 Paseo
Kansas City, MO 64127
Phone 816-471-2582
Fax 816-221-0012

Gcervantes@guadalupecenters.org

Date of Request: _____

Parental permission is no longer required when records are requested by office Personnel. (Family Education Rights and Privacy Act, final rule of Educational Records, Federal Register, June 17, 1976, vol. 48. NO. 118, page 24673)