

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.

ENROLLMENT PROCESS:

Completed application packets must also be accompanied by the following original documents:

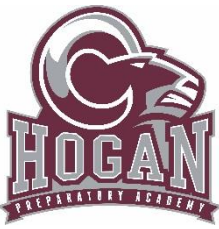
- Proof of residency (current utility bill or mortgage/lease agreement—within 30 days)
- Current immunization records
- Birth certificate
- Identification (driver's license, state-issued ID, etc)

All students newly enrolling at Hogan Preparatory Academy are required to complete an academic screening and have a parent attend a mandatory orientation meeting. The enrollment process is not considered complete without these steps.

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.

Students with incomplete applications will not be enrolled or placed on the waiting list.



Hogan Preparatory Academy

Elementary School
New Student Application

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

Date of birth:	Gender MALE FEMALE	Applying for grade K 1 2 3 4 5
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Previous School(s) Attended – *list all schools, records must be requested and received for all schools of attendance*

School	Grade(s)	Reason(s) for Leaving
School	Grade(s)	Reason(s) for Leaving
School	Grade(s)	Reason(s) for Leaving

Race/Ethnicity

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> American Indian/
Alaskan Native | <input type="checkbox"/> Asian/Pacific
Islander | <input type="checkbox"/> Black/African
American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other: | |

HOUSEHOLD INFORMATION

1. Parent/Guardian (last, first)	Relationship to student:
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Home Address (including zip code)

Home phone	Cell phone	Work phone
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Email address

2. Parent/Guardian (last, first)	Relationship to student:
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Home Address (including zip code)

Home phone	Cell phone	Work phone
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Email address

Sibling Name	Age	School
Sibling Name	Age	School
Sibling Name	Age	School
Sibling Name	Age	School

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 SERVICES INFORMATION

Does your child have a 504 plan?	YES	NO
Does your child have an Individualized Education Plan (IEP)?	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

FEDERAL PROGRAMS INFORMATION

H - The student's family lives in a shelter.	YES	NO
N - The student lives in a youth shelter without parents or is living in temporary foster care.	YES	NO
US - Student lives with parents but does not live in a house or apartment - lives in a car, park bench, under a bridge, campground, or abandoned building. Student lives in a house where one or more utilities (gas, water, or electricity) has been turned off.	YES	NO
UN - Student lives alone in a car, park bench, under a bridge, campground, or abandoned building. Student lives in a house with people who are not his/her parents where one or more utilities (gas, water, or electricity) has been turned off.	YES	NO
DU - Student lives with their parents in a house with more than one family (could be grandparent, aunt, uncle, cousin, or friend's family)	YES	NO
DN - Student does not have parents supporting them but lives in the house with another family who has taken them in (could be a relative or friend's family).	YES	NO

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

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

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			
Date of request:	Student's Full Name		
Date of birth:	Gender MALE FEMALE	Parent Signature	
Previous School(s) <i>List all schools, records must be requested and received for all schools of attendance</i>			
School	Dates Attended	Office Phone Number:	Fax Number:
School	Dates Attended	Office Phone Number:	Fax Number:
School	Dates Attended	Office Phone Number:	Fax Number:

TO BE COMPLETED BY OFFICE STAFF
<p>As required by the Missouri Safe Schools Act, please submit the records requested within seven (7) days after the student has attempted to enroll.</p> <p>Please fax/mail the following information to :</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Hogan Preparatory Academy Elementary School 5000 E. 17th Street Kansas City, MO 64127 Phone - 816.444.5010 Fax - 816.361.2410</p> </div> </div>
<p>_____ MOSIS Number _____</p> <p>_____ Transcripts and Standardized Test Scores</p> <p>_____ Attendance Records</p> <p>_____ Immunization and Health Records</p> <p>_____ Withdrawal Schedule and Grades</p> <p>_____ Discipline Records</p> <p>_____ IEP or 504 Plan (if applicable)</p> <p>Name of person verifying and sending records: _____</p>

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/plagerism.

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 user names 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 video-taped 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.

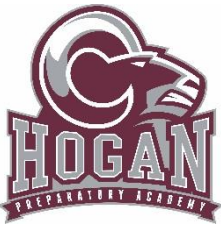
___ No, I do not grant permission for Hogan Preparatory Academy to use video/photo reproduction of my child in the media or district website.

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

STUDENT INFORMATION **MAY ONLY BE COMPLETED BY PARENT/GUARDIAN**

STUDENT'S FULL NAME
Last, first, middle (please print)

Date of birth:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">MALE</td> <td style="text-align: center; width: 50%;">Gender FEMALE</td> </tr> </table>	MALE	Gender FEMALE
MALE	Gender FEMALE		

Name of primary Healthcare provider:	Healthcare provider's phone number:
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MEDICAL HISTORY: Check all those that apply. Please explain in the space below.

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Respiratory Impairment | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Kidney/Urinary Disorder | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Bone/Joint Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Stomach Disorder | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Headache/Migraine | <input type="checkbox"/> Vision Disorder |
| | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Other |

Please explain any conditions checked above:

List any surgeries:

MEDICAL CARE: Please write the date (month and year) of your child's last...

Physical Exam:	Vision/Eye Exam:	Dental Exam:
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ALLERGIES:

Does your child have any allergies?	If yes, please explain the allergy, type of reaction, and treatment.
YES NO	

MEDICATION:

Does your child receive medication at school? YES NO *If yes, a separate form will need to be completed.*

Please list any medications your child receives at home:

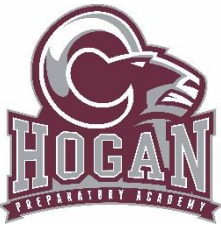
OTHER MEDICAL INFORMATION: Please share any other information regarding your child and their health needs.

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**

STUDENT'S FULL NAME <i>Last, first, middle (please print)</i>		Grade:
Home Address:	Kansas City, Missouri _____ (zip code)	
Transportation Address:	<input type="checkbox"/> Same as home address	<input type="checkbox"/> Other (please specify)
Severe Medical Conditions:	(Doctor's note must be provided)	

TRANSPORTATION AGREEMENT

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.

All students will be routed to one location. Parents are responsible to share with the school the student's PRIMARY mode of transportation. This is the method with which the student will be transported home on a daily basis, unless notice is received by the school office. A parent/guardian is responsible to notify the Main Office by phone or written letter 30 minutes in advance of dismissal time (specific time will be in Student/Family Handbook). For safety reasons, within 30 minutes of dismissal, students are not signed out or mode of transportation changed.

- 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 a minimum of 30 minutes in advance of scheduled dismissal time
- 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.

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

CONSEQUENCES (at discretion of administration)

1. Notice to parent (phone call or letter).
2. Notice to parent and a bus suspension (length determined by administration)
3. Parent meeting
4. Other consequences as determined by the school

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

_____ _____
Parent/Guardian Signature Date