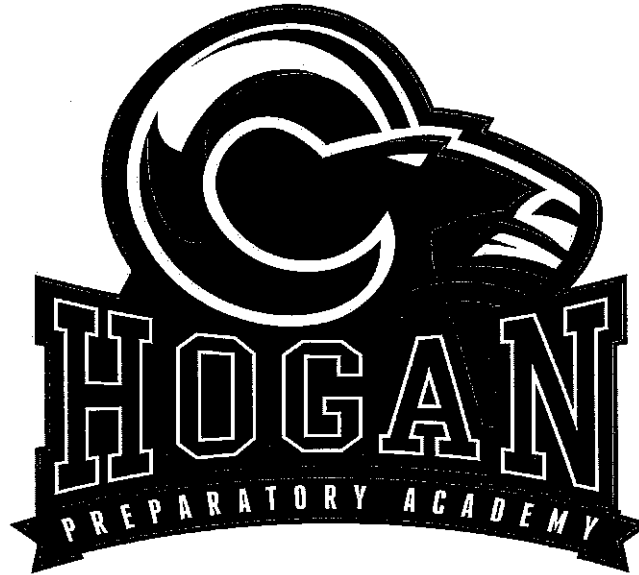


Student Name _____ Student # _____
First Middle Last

Grade _____ School _____
'19-'20 School Year (School student is coming from)

ENROLLMENT APPLICATION **2019-2020**



Open Enrollment:
Applications will be accepted any school day from
March 1, 2019 – March 29, 2019 from 9:00 am – 2:30 pm

If more applications are received than there are slots available during the open enrollment period (March 1 – March 29, 2019), all completed applications will be selected by lottery.

All applications received after March 29, 2019 will be placed on a waiting list and will be accepted on a first-come, first-serve basis as openings become available.
****Only completed applications will be considered.**

STUDENTS MUST BE ENROLLED BY THEIR PARENT OR LEGAL GUARDIAN AND MUST RESIDE IN THE KANSAS CITY, MO SCHOOL DISTRICT. A PICTURE I.D. WILL BE REQUIRED

*****PARENT/GUARDIAN: DO NOT WITHDRAW YOUR STUDENT FROM THEIR CURRENT SCHOOL UNTIL YOU HAVE BEEN NOTIFIED OF THEIR ACCEPTANCE AT HOGAN PREP*****

Students will be offered full admission to Hogan Prep only after their completed enrollment packet is reviewed by Hogan administration and only if there is an available opening in the appropriate grade level (determined by student's transcripts).

High School
1221 E. Meyer Blvd.
KCMO 64131
Ofc: (816) 444-3464
Fax: (816) 363-0473

Middle School
6409 Agnes
KCMO 64132
Ofc: (816) 444-4479
Fax: (816) 444-4268

Enrollment Application for the 2019-2020 School Year

Student Information:

Legal Name: _____
First Middle Last

Student ID #: _____ Grade _____ Student's Primary Language: _____

Date of Birth: _____/_____/_____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Hogan Employee student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Information: Does your child receive Exceptional Education Services?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have an IEP?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have a 504 plan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have special needs?..... <input type="checkbox"/> Yes <input type="checkbox"/> No What is the exceptionality? _____ Is your child currently on long term suspension or expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child been expelled or suspended 11 or more consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____/_____/_____ Reason: _____	Choose one ethnicity: Hispanic/Latino..... <input type="checkbox"/> Not Hispanic/Latino..... <input type="checkbox"/> Check All Appropriate Races (regardless of ethnicity): American Indian/Alaskan Native..... <input type="checkbox"/> Asian..... <input type="checkbox"/> Black/African American..... <input type="checkbox"/> White..... <input type="checkbox"/> Native Hawaiian/Other Pacific Islander..... <input type="checkbox"/>
--	--	---

Family Information:

Student lives with: Both Parents Mother Father Guardian Foster Parent Placement: _____

Primary Parent/Guardian Name: _____ Parent Guardian
First Middle Last

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ D.O.B: _____/_____/_____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Employer: _____ Work Phone: (____) _____ - _____ (ext) _____

Primary Parent Spouse Name: _____ Parent Relationship to Student: _____
First Middle Last

Cell Phone: (____) _____ - _____ Email: _____
 Employer Name: _____ Work Phone: (____) _____ - _____ (ext) _____

Alternate Parent/Guardian Name: _____ Parent Guardian Relationship to Student: _____
First Middle Last

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____ Request Mailings: Y N
 Employer: _____ Work Phone: (____) _____ - _____ (ext) _____

Emergency Contact Information:

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N
 Cell Phone (____) _____ - _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N
 Cell Phone (____) _____ - _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N
 Cell Phone (____) _____ - _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Sibling Information:

Does the student have a sibling (s) living at this address currently enrolled in HPA District? Yes (*list in table*) No

Sibling Name	School	Student ID#	D.O.B.	Grade

Does your child qualify for federal programs?

To help determine whether your child qualifies for a federal program, please check "Yes" or "No" in response to the following questions.

1. Does the student speak a language other than English? Yes No
If "Yes", what language is spoken _____
2. Is there a language other than English spoken in the home? Yes No
3. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No
Explain if it is a similar reason _____
4. 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
5. Are you currently residing in a shelter? Yes No
6. Are you currently living in a temporary housing arrangement due to economic hardship? Yes No
7. Does the parent/guardian work for the federal government? Yes No
8. Is the parent/guardian on active duty in the U.S. Military? Yes No
9. Is the parent/guardian in the National Guard or Reserve? Yes No
10. Does the family live in federally subsidized housing? Yes No
11. Has either parent, guardian, child or child's spouse been employed within the past three (3) years (or any of the aforementioned currently employed) in some form of temporary or seasonal agriculture work such as: planting or harvesting crops, transporting farm products to market, working on a dairy or catfish farm, feeding or processing poultry, beef or hogs, cutting firewood or logs to sell, gathering eggs or working in hatcheries? Yes No

Safe Schools Form

Instructions: This form must be completed for all new students enrolling in the Hogan Preparatory Academy Schools. Submitting false statements or information to a student's disciplinary history is defined as a Class B Misdemeanor. Students could face removal from school for submitting false statements and/or information regarding residency or disciplinary history.

Please answer the following questions. An explanation must be provided if you answer "Yes" to any of the questions below.

1. Has the student ever been convicted of any felony offense(s)? Yes No
If "Yes", please list offense(s) committed: _____
2. Has the student ever been charged with or adjudicated to have committed : 1st or 2nd Degree Murder, 1st Degree Assault, 1st Degree Robbery, Distribution of Drugs to a minor, 1st Degree Arson, Kidnapping, Prostitution or any Sexual Offenses (e.g., rape, sodomy, child molestation, sexual assault, sexual misconduct, sexual abuse, etc.)? Yes No
If "Yes", please list offense (s): _____
3. Is the student currently on long term suspension (11-180 school days) or expulsion from any in-state or out-of-state school (e.g., public, alternative, private, charter or parochial school) previously attended? Yes No
If "Yes", please explain the reason (s) for suspension or expulsion: _____

4. Please list all schools your child has attended within the past (24) twenty-four months. Please include each school's name, city and state in which they are located. _____

By signing and submitting this form in support of my child's enrollment in the Hogan Preparatory Academy District, I understand that it is a criminal offense (class B Misdemeanor-Section 167.023 RSMo) to give false information concerning prior disciplinary actions taken against my child for an offense in violation of School Board policies relating to weapons, alcohol, drugs or the willful infliction of injury to another person. I acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment.

Parent/Guardian Signature: _____ Date: ____/____/____

PHOTOGRAPHS:

I, _____ (parent or legal guardian name printed) authorize _____ (student name printed) to be included in the photographs, videos, and other recordings made in connection with Hogan Preparatory Academy. Yes No

TECHNOLOGY:

I, _____ (parent or legal guardian name printed) authorize _____ (student name printed) to use the network connection at Hogan Preparatory Academy for educational purposes according to the user agreement established by the school. Yes No

(Student name printed) (Parent/Guardian name printed) (Parent/Guardian Signature) (Date)

ACTIVITIES QUESTIONNAIRE (Middle & High School Only)

Name _____ Age _____ Grade _____ D.O.B. _____

Activities participated in last school year _____

Hogan Preparatory Academy Athletics: (check if interested)

- Football Wrestling Track
- Volleyball Basketball Cheerleading

In signing this form you, the student, and the parent/guardian both understand the financial conditions Hogan Preparatory has in place for students participating in athletics. Also, you, the parent or legal guardian, understand that all applicable athletic fees must be paid in full by means of cashier's check, money order or cash only.

ABSOLUTELY NO PERSONAL CHECKS WILL BE ACCEPTED

(Student signature) _____

(Parent/Guardian name printed) _____

(Parent/Guardian signature) _____ (Date) _____



Enrollment Checklist for New Students

The following forms are included in the enrollment packet.

- Enrollment Application
- Missouri Safe School Form
- Request for Release of Student Records *or provide:*
 - Student's I.E.P. (Individual Education Plan) or 504 Plan
 - Student's Discipline Records
 - Student's Grades K-8/Transcripts 9-12
- Health Information Form

The documents below are to be provided by the parent/guardian during enrollment

- Student's Immunization Records
- Student's Birth Certificate
- Annual Proof of Residence
- Copy of Parent/Guardian Driver's License or State I.D.

HPA School District will accept the following as proof of residency. Only one is required.

Current utility bill: electric, water, or gas. Disconnect or shutoff notices will not be accepted. Bills must be within the last 30 days.

2018 Personal Property Tax Receipt

Signed Rental/Lease Agreement

Mortgage Statement/Property Deed

Social Services, Social Security Statement or Other Legal/Court Documents
--

Signature & confirmation of application page

In signing this form, I, refers to the parent or guardian of the applicant.

- I have been given a copy of this document; I understand and accept the guidelines for enrollment as listed on this document.
- I understand that at this time I **have not** been promised a space for the applicant at Hogan Preparatory Academy.
- I have completed an enrollment application; have all the necessary documentation.
- I understand that if the applicant is currently suspended or expelled from another school or school district, Hogan **will not** accept the applicant.
- If and when the applicant is accepted to Hogan Preparatory Academy, you, the parent or legal guardian, will be notified via United States mail or phone.
- If the applicant **is not** accepted to Hogan Preparatory Academy, you, the parent or legal guardian, will be notified via United States Mail or phone.
- All requests to withdraw a student must be done in writing and **only the parent or legal guardian that enrolled the student may withdraw the student.**

This form must be completed and signed in the presence of Hogan Preparatory Academy staff.

STUDENT NAME: _____ **TODAY'S DATE:** _____

PARENT OR LEGAL GUARDIAN NAME PRINTED: _____

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

STAFF SIGNATURE: _____ **DATE:** _____

****This form is not a confirmation of enrollment** in Hogan Preparatory Academy.

In signing this form both the staff at Hogan and the parent or legal guardian acknowledge that Hogan has received the application and will take the application into consideration for placement. All confirmed placements are notified via United States mail or phone.



Enrollment Checklist for New Students

The following forms are included in the enrollment packet.

- Enrollment Application
- Missouri Safe School Form
- Request for Release of Student Records *or provide:*
 - Student's I.E.P. (Individual Education Plan) or 504 Plan
 - Student's Discipline Records
 - Student's Grades K-8/Transcripts 9-12
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- Student's Birth Certificate
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- Copy of Parent/Guardian Driver's License or State I.D.

HPA School District will accept the following as proof of residency. Only one is required.

Current utility bill: electric, water, or gas. Disconnect or shutoff notices will not be accepted. Bills must be within the last 30 days.
--

2017 Personal Property Tax Receipt

Signed Rental/Lease Agreement

Mortgage Statement/Property Deed

Social Services, Social Security Statement or Other Legal/Court Documents
--



Hogan Preparatory Academy

Home of the Rams!

REQUEST FOR RECORDS/RELEASE OF INFORMATION FORM

The student named below has enrolled or is attempting to enroll at Hogan Preparatory Academy High School. As required by the Missouri Safe Schools Act, **we must receive the records requested within seven (7) days** after the student has enrolled or attempted to enroll or he / she will not be allowed to continue with our enrollment process until records are received.

 INQUIRY ONLY: PLEASE DO NOT WITHDRAW STUDENT UNTIL NOTIFIED OF ACCEPTANCE

DATE OF REQUEST: _____ SIGNATURE OF HOGAN OFFICIAL: _____

STUDENT NAME: _____

DOB: _____ GENDER: Male Female (CIRCLE)

PREVIOUS SCHOOL: _____ FAX# _____ OFFICE # _____

PREVIOUS SCHOOL: _____ FAX# _____ OFFICE # _____

SCHOOL YEAR(S) FOR WHICH RECORDS ARE REQUESTED: _____

PARENT SIGNATURE: _____

PLEASE MAIL OR E-MAIL THIS FORM ALONG WITH THE FOLLOWING RECORDS THAT ARE MARKED (X) TO:

Hogan Preparatory Academy / 1221 East Meyer Blvd, KCMO 64131 /or E-mail: kyoung@hoganprep.net

 MOSIS NUMBER: _____

 TRANSCRIPT AND STANDARDIZED TEST SCORES (unofficial is OK if the student has not yet withdrawn from your school)

 ATTENDANCE RECORDS

 IMMUNIZATION AND HEALTH RECORDS

 WITHDRAWAL GRADES/SCHEDULE (IF THE STUDENT HAS NOT YET WITHDRAWN FROM YOUR SCHOOL, PLEASE PROVIDE THAT INFORMATION IN WRITING)

 DOES THE STUDENT HAVE AN IEP OR 504 PLAN? Please circle: **YES** or **NO** (IF YES, PLEASE PROVIDE ALL RECORDS AND 3 YR EVALUATION)

 DISCIPLINE RECORDS (IF STUDENT DOES NOT HAVE A RECORD, PLEASE PROVIDE THAT INFORMATION IN WRITING)

 HAS THE STUDENT PASSED THE 8TH GRADE? Please circle: **YES** or **NO** (Date: _____) If YES, SCHOOL OF ATTENDANCE IN THE 8TH GRADE? _____

NAME OF PERSON VERIFYING AND SENDING RECORDS: _____

SIGNATURE: _____

DATE: _____

Welcome to the Hogan Family!

Breakfast and Lunch meals are free to all enrolled students!

Hogan Preparatory Schools participates in the Community Eligibility Provision (CEP) which provides free meals to all enrolled students. The CEP program improves access to free school meals in eligible Local Educational Agencies (LEAs) and schools to eliminate the burden of filling out and collecting household applications.

It is also part of The Healthy, Hunger-Free Kids Act of 2010 that provides an alternative to household application in the National School Lunch and School Breakfast Programs that has been phased in by state.

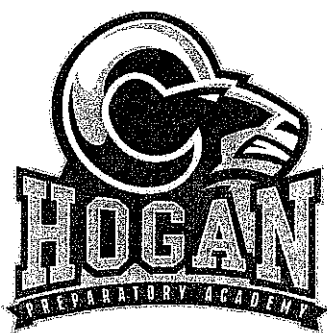
USDA Nondiscrimination Statement For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (566) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Dress Code Requirements/Procedure

The dress code for Hogan Preparatory Academy High School was developed with the assistance of Hogan parents, students, & teachers. **All students are expected to be in the official school uniform at all times during school hours.** The only time a student may be out of uniform is on designated "dress down" days. Students not in compliance with the dress code on casual dress days are subject to disciplinary action.

The following attire is the official Hogan Prep uniform.

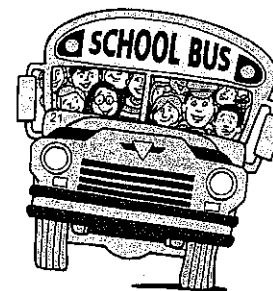
- Khaki, Black, Navy Blue, Maroon, Gray or White dress pants, or dress shorts (No skirts and/or dresses unless it is the official Hogan approved skirt that is purchased from the school). Dress pants are considered pleated or flat trousers (cotton or cotton polyester blend material only). An appropriate length for shorts would be at the fingertips when arms are extended down the side of the body. All pants and shorts must be worn at the waist with a belt. **"SAGGING" IS NOT TOLERATED".**
- White, Maroon or Black short sleeve or long sleeve polo style shirts with a collar and official Hogan Academy logo are the only acceptable shirts during the regular school day. (The official shirt must be purchased from the school). The only exception will be to athletic teams wearing their official jerseys on game days only, remembering that they are a representative of the school when they wear the Hogan jersey. Shirts need to be long enough to stay tucked in. Approved tee shirts, sweatshirts, or athletic wear with the official Hogan Preparatory Academy High School emblem may be worn on dress down days only.
- During the winter months, students may wear a plain maroon, white, gray, or black sweatshirt or sweater to class, without a hood only. Coats and jackets are not permitted in the classroom, cafeteria, or halls. **No writing or advertisements will be allowed on clothing.**
- **Prohibited attire:** Denim or denim like fabrics, stretch pants or pants that contain spandex or Lycra & cargo pants (cargo pants are pants with pockets on the side seams). Leggings, tights, flip flops, wallet chains, head apparel, jackets, coats, and any other apparel deemed inappropriate by administration for the safety and/or learning environment at Hogan Preparatory Academy High School.
- On official dress down days sweat pants, denim jeans or shorts free of holes, fraying, rips and/or writing may be worn. An appropriate length for shorts would be at the fingertips when arms are extended down the side of the body. All pants and shorts must be worn at the waist with a belt. **Sagging will not be tolerated!** Forbidden attire would be any attire that advertises or displays an illegal substance or act, advertisements for alcoholic beverages or tobacco, attire that is profane/obscene in nature or inappropriate for a school.



HOGAN PREP TRANSPORTATION

STUDENT CONDUCT ON SCHOOL BUSES

Riding the School Bus is a privilege. Failure to obey these rules may cause suspension of riding privileges.



The following rules must be obeyed at all times in order to keep the bus journey to and from school as safe as possible.

1. Driver is in charge of students on the bus. When in doubt, classroom conduct is to be observed.
2. Students are to obey the Driver promptly and respectfully.
3. Students must be on time and conduct oneself appropriately at designated bus stop.
4. Band instruments are to be taken to the seat with student-not left in front of bus.
5. Students are to use prompt, safe procedures when boarding or exiting bus without pushing/shoving.
6. Students must treat others with respect.
7. No animal, dead or alive, may be permitted on the bus, except dogs trained to aid handicapped.
8. Students will ride their assigned buses, getting on and getting off at their regularly assigned stops.
9. Parents as well as students are not to verbally assault (curse) the bus driver. To do so puts the child in danger of losing their bus riding privilege.

Level 1

1. Failure to keep one's head, hands, legs, and arms inside the bus and to oneself
2. Excessive noise
3. Unnecessary conversation with the driver
4. Inappropriate gestures

Consequences:

- 1st Offense: Bus coordinator and/or administrator will call the parent(s)
- 2nd Offense: 3-5 day suspension off the bus
- 3rd Offense: Expulsion from riding the bus for the rest of the semester

Level 2

1. Failure to remain seated while bus is in motion
2. Throwing paper or other litter on or outside the bus.
3. Pushing/shoving anytime but especially while entering or exiting the bus
4. Profanity
5. Eating or drinking on the bus.

Consequences:

- 1st Offense: Bus coordinator and/or administrator will call the parent(s) and/or 3-5 day suspension off the bus
- 2nd Offense: Expulsion from riding the bus for the rest of the semester
- 3rd Offense: Expulsion from riding the bus for the rest of the year

Level 3

1. Fighting
2. Vandalism
3. Spitting

Consequences:

- 1st Offense: Bus coordinator and/or administrator will call the parent(s) and/or 10-20 day suspension off the bus
- 2nd Offense: Expulsion from riding the bus for the rest of the year

Level 4

1. Smoking or possession of tobacco products
2. Use or possession of any illegal substances
3. Assault
4. Extortion
5. Arson
6. False alarm
7. Carrying or use of weapons

Consequences:

- 1st Offense: Bus coordinator and/or administrator will call the parent(s) and expulsion from riding the bus for the rest of the year

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

**HOGAN PREPARATORY ACADEMY
TRANSPORTATION FORM**

Please complete one form per student. Students are allowed only ONE bus stop.

Please check one box New Change Discontinue Returning Student

COMPLETE BY PARENT/GUARDIAN	
DATE REQUESTED:	
STUDENT NAME (Please print)	
BUILDING (Circle)	ELEMENTARY MIDDLE HIGH GRADE:
HOME ADDRESS	
TRANSPORTATION ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	
REASON FOR CHANGE (Move, Daycare Change, Safety, etc.)	
CONTACT INFORMATION	
SEVERE MEDICAL CONDITION'S (Doctor's note required)	
COMMENTS	
PARENT/GUARDIAN SIGNATURE	

ALLOW 5 BUSINESS DAYS FOR PROCESSING

SCHOOL FRONT OFFICE USE ONLY

APPROVAL THAT PERSON REQUESTING IS AUTHORIZED TO MAKE CHANGES		INITIALS:
PROOF OF RESIDENCY (TYPE)		INITIALS:
INFORMATION UPDATED IN POWERSCHOOL		INITIALS:

PLEASE RETURN FORM BY MAY 15, 2018 TO ENSURE YOUR STUDENT WILL HAVE TRANSPORTATION FOR THE FIRST DAY OF THE 2018-19 SCHOOL YEAR **ONLY** IF YOUR INFORMATION HAS CHANGED SINCE RE-ENROLLMENT. TAKE PROOF OF RESIDENCY TO THE SCHOOL YOUR CHILD WILL ATTEND AND ALSO FILL OUT A NEW FORM BY MAY 15, 2018 OR YOUR CHILD WON'T HAVE TRANSPORTATION WHEN SCHOOL STARTS. NO CHANGES WILL BE MADE THE FIRST 2 WEEKS OF SCHOOL. IF YOUR HOUSEHOLD MOVES OVER THE SUMMER AND YOUR CHILD PLANS ON ATTENDING ONE OF OUR HOGAN SCHOOLS FOR THE 18-19 SCHOOL YEAR PLEASE TAKE PROOF OF RESIDENCY TO TH TO THE CORRECT SCHOOL AND FILL OUT A NEW FORM AS SOON AS THE MOVE OCCURS.

REVISED 3/29/2018

Hogan Preparatory Academy Health Information Form

Student: _____ Birth Date: _____ Sex: M / F

Parent/Guardian: _____ Telephone Number: _____

Medical History: Check all those that apply: Please explain conditions marked in the space below chart:

Asthma	Respiratory Impairment	ADHD/ADD
Food Allergy	Kidney/Urinary Disorder	Anxiety Disorder
Diabetes	Scoliosis	Depression
Low Blood Sugar	Skin Disorder	Mental Health Issues
Seizures/Neurological Disorder	Bone/Joint Disorder	Hearing/Impairments/Aids
Heart Disorder	Stomach Disorder	Glasses/Contacts
Drug Allergy	Headaches/Migraines	Vision Disorder
Infectious Disease	Blood Disorder	Others

NOTE: Physician documentation (Including an emergency plan) will be required for all significant diagnoses Such as: Asthma, Food Allergy, Seizures, Diabetes, and others.

Please explain any conditions checked above: _____

List of any surgeries: _____

Do you believe your child has a physical or mental impairment that substantially limits a major life activity in the school environment? YES NO

If yes, please explain the condition and how it substantially limits your child: _____

Please list any medication(s) your child takes at home: _____

IF A STUDENT IS TO RECEIVE MEDICATION AT SCHOOL, A SEPARATE FORM WILL NEED TO BE COMPLETED!

While medical information is confidential, I understand that the school nurse and other school staff may at times deem it necessary to share a student's information, including district health update forms as supplied by the parent with other school personnel, including but not limited to, teachers, administrators, social worker and cafeteria staff. As a parent I may also share information as I deem appropriate with my child's teacher or other specific staff members independent of the school health team.

Parent/Guardian Signature: _____ Date: _____

(For nursing notation only below this line. Staff to list date and initials when making notation.)

Social Work Referral: _____ Action Plan Given (specify type): _____

Action Plan Received (specify type): _____ Other: _____

Hogan Preparatory Academy Secondary Health Form

Student: _____ Birth Date: _____ Sex: M / F

Parent/Guardian: _____

Telephone Number: _____ Alternative Telephone Number: _____

Alternative Emergency Contact: Name: _____

Relationship to the child: _____ Telephone Number: _____

Primary Health Care Provider: _____ Telephone Number: _____

Does your child have a 504 Plan? YES NO Does your child have an IEP? YES NO

In the last year has your child experienced any major changes or events in your family situation?

Moving Divorce Death of a Family Member Serious illness or accident Other: _____

Immunizations: Immunizations must be on file with the school in order for your child to attend school. If your child has received immunization recently, please provide updated vaccination records. It is your responsibility to ensure we have current immunization, prior to your child attending classes.

Are your child's immunizations up to date? YES NO

Date of your child's last physical exam: _____ Date of last eye exam: _____

Does your child have any health or emotional concerns? YES NO

If yes, Please explain the condition and current plan of care: _____

Does your child have any allergies? YES NO

If yes, Please explain what your child's allergy (Type – Medication, Food, or other), type of reaction and how it is treated:

Please share any other information regarding your child and their health needs, that you feel are important for the health team to be aware.

Parent/Guardian Signature: _____ Date: _____

**Hogan Preparatory Academy
2019-2020
Enrollment Packet Checklist**

Staff initials & date	
	A. A completed Hogan application for the appropriate school year Date: _____ Time: _____
	B. MOSIS # provided by previous school # _____
	C. A completed and signed Technology Agreement (pg. 3 of app)
	D. A completed and signed Health Information Form
	E. Notarized Proof of Guardianship (if applicable)
	F. A copy of the student's Birth Certificate
	G. A copy of the student's up-to-date Immunization Records
	H. Proof of Residency in the KCMO school district (current water, gas or light bill, mortgage statement, or lease/rental agreement)
	I. Copy of Parent/Guardian Driver's License or State I.D.
	J. Discipline Records from the student's previous (or current) school
	K. Attendance Records from the student's previous (or current) school
	L. IEP or 504 Plan and 3 Yr Evaluation from the previous (or current) school (Special Education Records)
	M. Transcripts, Standardized Test Scores, Proof of Advancement from 8th Grade (if applicable)
	N. Transportation Request Form & Bus Policies Page completed
	O. What KCMSD school would be home school (documentation attached)

Records Reviewed	
	P. Discipline
	Q. Academic
	R. Special Education
	S. Social Worker/Homeless Coordinator

Notes: