



# PreK – 12<sup>TH</sup> GRADE ENROLLMENT APPLICATION

Application must be filled out completely. One application per child.

**APPLYING FOR SCHOOL YEAR: 20\_\_ - 20\_\_ GRADE LEVEL: \_\_\_\_\_**

*Parents/Mentors who choose Community of Peace Academy for their children will be committing themselves to full participation in the education of their child's mind, body and will within an educational community committed to peace and non-violence.*

SECTION 1: STUDENT INFORMATION					
Student LAST Name (Legal)		Student FIRST Name (Legal)		Student MIDDLE Name (Full)	
Student Date of Birth		Student Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Has this student <b>EVER</b> attended a MN Public School? <input type="checkbox"/> NO <input type="checkbox"/> YES, Dist # _____	
Home Address					
BLDG/HOUSE #	STREET NAME	STREET TYPE (ST, AVE, BLVD, ETC)	STREET DIRECTION (N, S, SE, NW, ETC)	APT#	
City		State	Zip Code	Home Phone ( )	

Any change in address or phone number should be reported immediately to Community of Peace Academy at (651) 280-4587.

SECTION 2: PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN #1:		PARENT/GUARDIAN #2:	
Name (First, MI, Last)		Name (First, MI, Last)	
Relationship to Student (mother, stepfather, etc)		Relationship to Student (mother, stepfather, etc)	
Work Phone #		Work Phone #	
Cell Phone #		Cell Phone #	
E-mail address		E-mail address	
Interpreter Needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Language _____	Interpreter Needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Language _____

SECTION 3: SCHOOL(S) PREVIOUSLY ATTENDED (List all, beginning with most recent school first)			
Name of School(s)	City and State	Grades Attended	Dates Attended

Minnesota Statutes require the school district to keep accurate and updated personal records for all pupils. This information will become part of the student's permanent cumulative record and will be available to appropriate staff members. Minnesota law also requires that you provide immunization information to your child's school.

SECTION 4: SIBLING PREFERENCE	
Does this child currently have a sibling attending Community of Peace Academy? <input type="checkbox"/> No <input type="checkbox"/> Yes, please write name/grade below	
Sibling Name:	Grade:

SECTION 5: How did you hear about Community of Peace Academy?			
___ Family Member/Friend	___ Advertisement	___ School Brochure	___ School Website
___ Facebook	___ Other _____		

\_\_\_\_\_  
**Parent/Guardian Signature and Date**  
**Send, fax, or bring this application to:** Community of Peace Academy 471 Magnolia Ave E St. Paul, MN 55130 Fax: (651) 771-4841

**For assistance, call (651) 776-5151**

Application Deadline 2017-2018: February 17, 2017

<b>Office Use Only:</b>	<input type="checkbox"/> SIBLING ATTENDS CPA
Date Rec'd _____	Lottery Date _____ Enrl Date _____ TSIS ID# _____ FM Date _____

The following information is to be completed **ONLY AFTER** the student has been enrolled at Community of Peace Academy Charter School in order for the school to provide any necessary additional support services for your child.

**Race/Ethnicity: PLEASE NOTE:** The federal government provides only these categories and requires this information. If not completed, school personnel are required to make a selection. Select only one choice below.

- American Indian     Asian/Pacific Islander     African American     White     Hispanic

**Additional Race Code/Ethnicity Information:** We are required to collect additional race and ethnicity information. If not completed, school personnel are required to make a selection. **MULTIPLE RACES MAY BE CHOSEN.** Select one or more choices below.

- American Indian/Alaskan Native     Asian     Black or African American  
 White     Native Hawaiian or Other Pacific Islander

**Are you Hispanic or Latino?**  Yes     No **(Please check regardless of the race(s) you have selected)**

**What language(s) do family members in your home use when speaking to each other?**

English *and/or*     Other \_\_\_\_\_

**If your family is new to the United States (3 years or less), what date did you first arrive?**

Date \_\_\_\_\_ Country of Origin \_\_\_\_\_

**Yes      No**

\_\_\_\_    \_\_\_\_    Does your child take any medications? Type: \_\_\_\_\_  
Reason: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Has your child been receiving supportive services from a guidance counselor, psychologist, social worker, or other supportive personnel? Name of agency: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Are there any known problems of academic, social, physical, or emotional adjustments?  
If yes, please list: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Does your child receive special education and have an IEP?  
Disability Area: \_\_\_\_\_  
Services provided: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Did your child receive special education in the past, or was your child ever tested but did not qualify for special education? Please explain \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_    \_\_\_\_    Does your child have a 504 plan? Disability Area: \_\_\_\_\_  
Services provided: \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Has your child ever been retained at any grade level?  
If yes, which grade(s)? \_\_\_\_\_

\_\_\_\_    \_\_\_\_    Has your child ever been absent more than 10 days per year? If yes, why? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_    \_\_\_\_    Has this student ever received special help for any subject or for any part of the day?  
If yes, what type of help or program? \_\_\_\_\_

**Please explain any other special needs your child may have** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_