

OFFICE USE ONLY
Admission Interview _____
Previous Tuition Paid? _____
Enrollment Fee _____
Date Paid _____
Check # _____

CENTER PLACE RESTORATION SCHOOL
819 West Waldo Avenue
Independence, MO 64050
(816) 252-1715

OFFICE USE ONLY
Date _____
School Year _____
Grade Entering _____
New _____ Return _____ Previous _____
Student ID # _____

STUDENT APPLICATION FOR ADMISSION

Payment plan (check one only) _____ 10 month (August 1 - May 1) _____ 12 month (June 1 - May 1)

Student's Legal Name _____ (Goes By) _____
Last First Middle

Social Security # _____ Birth Date _____ Age _____

State Birth Certificate # _____ Birth Place _____
City/State

Church Affiliation _____ Member (Y/N) _____

Sex (M/F) _____ Race _____ Grade Entering _____ Child # _____ of _____

School District in which you live _____ Public School your child would attend _____

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____
(If guardian, official guardianship papers must be on file at CPRS.)

Father Stepfather Guardian _____

<small>Last Name</small>		<small>First Name</small>	
Address _____		Home Phone () _____ unlisted? _____	
City _____	State _____	Zip Code _____	Work Phone () _____ extension _____
Church/Branch you attend _____		Employer _____	
Priesthood Office you hold _____			

Mother Stepmother Guardian _____

<small>Last Name</small>		<small>First Name</small>	
Address _____		Home Phone () _____ unlisted? _____	
City _____	State _____	Zip Code _____	Work Phone () _____ extension _____
Church/Branch you attend _____		Employer _____	

CHILD CUSTODY: Are there any restrictions on the rights of your child's non-custodial parent which pertain to his/her involvement in normal activities in the school? Yes ___ No ___ (If yes, provide a copy of the legal document with restrictions.)

INSURANCE: (CPRS strongly advises that all students should have a minimum of \$10,000 basic health coverage, which includes school and extracurricular activities. Information is available in the school office for an optional accident insurance plan which may be purchased by parents.) Name of current insurance company _____ Policy # _____

PARENTAL PERMISSION FOR ACTIVITIES: In applying for enrollment of my child, I give permission for him/her to take part in activities sponsored by the school, including physical education classes, field trips, athletic events, concerts, etc., on or away from school premises, and absolve the school from liability due to any injury to my child at school or during any school activity. **I further pledge my support and agreement with the standards of conduct and discipline of Center Place Restoration School.**

Signature of Father

Signature of Mother

MEDICAL INFORMATION

An official immunization record, as signed by the attending physician, must be provided for enrollment. Missouri Law requires your child to be properly immunized by the first day of school, or he/she will not be able to attend. (Two exceptions: provide an exemption card signed by a doctor excusing your child from being immunized due to health reasons, or provide an exemption card signed by the parent/guardian excusing your child for religious reasons.) If your child has had any of the following, please indicate by writing the approximate date.

Chicken Pox _____	Infectious Hepatitis _____	Surgery _____
Measles (3 day) _____	Rheumatic Fever _____	Hospitalization _____
German Measles (10 day) _____	Frequent Tonsillitis _____	Fracture Injury _____
Scarlet Fever/Scarlatina _____	Tonsils Removed _____	Tuberculosis _____

Please include any additional information concerning your child's health (chronic health problems, such as allergies, nosebleeds, asthma, diabetes, etc.) Attach additional sheet if necessary.

MEDICAL ALERT

PREVIOUS SCHOOL INFORMATION

Any student who has been expelled from a school must wait one full semester before CPRS will consider enrollment.

Name of School transferring from _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Student attitude toward previous school _____ Grades repeated _____

Former Principal _____ Telephone _____

Former Counselor _____ Telephone _____

Was your child "home schooled"? _____ (If so, provide current achievement test results and documentation of grades and report cards.)

CPRS is not able to admit children with any special needs or behavioral problems (certified or not) because we are not equipped with faculty at this time to address the particular needs of these children. Please answer the questions below with Yes or No.

- _____ Has your child ever been diagnosed by school or physician as having any type learning problems — physical, emotional, mental, or behavioral?
- _____ Has your child ever been recommended for testing for any of the above, by a teacher, counselor, minister, school, or physician?
- _____ Has your child ever been placed on an IEP (Individualized Educational Program) in any school setting?

Why do you desire to enroll your child in a Christian school? _____

How did you become interested in Center Place Restoration School? _____