

Office Use Only ____ Date Received ____ Date Entered into SM-RC ____ Date RV

2021 -2022 Student Registration Check List

Welcome to Citizens of the World Kansas City! We are thrilled that you have chosen to enroll your child in our school!

NOTE: We must receive this entire completed Registration Packet within three weeks of your offer being accepted in order to finalize your space.

If we do not receive it within this timeframe, your enrollment request will be cancelled, and your child's space will be offered to the next student on the waiting list. If you want to be reconsidered for enrollment at a later date, you will then need to restart the enrollment process which will result in your child being placed at the end of the waitlist.

If you have any questions, or do not currently have the information being requested, please let our Enrollment Office know (registration@cwckkansascity.org or 816-550-5276); we do encourage you to email these questions for the quickest response.

Form 1: Student Registration Form

Form 2: Student Age & Residency Verification

Please attach a copy of:

____ Child's birth certificate

AND attach a copy of TWO of the following:

____ Current Utility Bill

____ Rental or Lease Agreement

____ Copy of property tax receipt

____ Current Mortgage Bill

Form 3: Student Health Info Form

Please attach a copy of:

____ Proof of Child Immunization and/or Exemption Cards

____ Doctor's Note – Allergy Conditions/Food Restrictions (if applicable)

Form 4: School Records Release Form

Form 5: Federal Program Qualification Form

Form 6: Home Language Survey

Form 7: Media/Field Trip Release Form

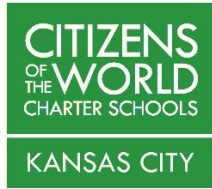
Form 8: Summer School Enrollment Request

On the First Day of School, we will also ask you for:

- Free/Reduced Lunch Application
- Emergency Contact Information
- Family Volunteer Form
- Family Handbook Verification Form

(No need for you to do anything with these until then)

Students have a right to enroll in MOCAP virtual instruction classes at Citizens of the World Charter School's expense unless it is determined that it is not in the best interest of the student. Please reference our Board policy.



Office Use Only	
_____	MOSIS ID
_____	SpEd/ELL routed
_____	Lumen complete

2021-2022 Student Registration Form

STUDENT INFORMATION

Name: _____
First Name
Middle Initial
Last Name

Grade next year (in 2021-2022): Pre-K K 1st 2nd 3rd 4th 5th
 6th 7th 8th

OPTIONAL INFORMATION (the following information is optional and not required for registration):

Student Social Security Number: _____ - _____ - _____

OR Medicaid Number: _____

Student Ethnicity (check one):

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

ACADEMIC INFORMATION

Please indicate if you believe any of the following should or currently do apply to your child:

Individualized Education Program (IEP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure
504 Accommodation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure
English Language Learner Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure

PARENT/GUARDIAN INFORMATION

Name: _____
First Name
Middle Initial
Last Name

Relationship to Student: _____

Home Address: _____ Apt #: _____
Street Address

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Best to use during school day
 Best to use during school day
 Best to use during school day

Email Address #1: _____ Email Address #2: _____
 Best to use
 Best to use

SECONDARY CONTACT INFORMATION #1

Name: _____
First Name Middle Initial Last Name

Relationship to Student: _____

Home Address: _____ Apt #: _____
Street Address

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Best to use during school day Best to use during school day Best to use during school day

Email Address #1: _____ Email Address #2: _____
 Best to use Best to use

SECONDARY CONTACT INFORMATION #2

Name: _____
First Name Middle Initial Last Name

Relationship to Student: _____

Home Address: _____ Apt #: _____
Street Address

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Best to use during school day Best to use during school day Best to use during school day

Email Address #1: _____ Email Address #2: _____
 Best to use Best to use

VERIFICATION

I verify that the information above is accurate. If there are any changes to the information I have provided, I will immediately notify the school.

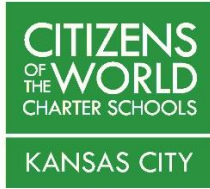
Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____

NOTICE OF NON-DISCRIMINATION

Citizens of the World Charter Schools Kansas City does not discriminate on the basis of sex, race, religion, color, national origin, ancestry, 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 inquiries regarding the school's non-discrimination policies, please contact the Regional Administrative Office at 3435 Broadway Blvd., Kansas City, Missouri, 64111, or call (816) 872-2944.



Office Use Only	
_____	Age Verify
_____	Residency (2) Verify
_____	Custody File

2021-2022 Student Age & Residency Verification

STUDENT INFORMATION

Name: _____
First Name
Middle Initial
Last Name

CHILD'S AGE VERIFICATION

Please provide one of the following documents showing the student's name and birthday.

- Birth Certificate
 Passport
 Hospital Certificate

RESIDENCY & ADDRESS VERIFICATION

Please provide **TWO** of the following forms of residency verification, each including the parent name and provided address printed on it:

- Current Utility Bill (Gas, Electric, or Water (due within last 30 days))
- Copy of Rental/Lease Agreement
- Copy of Jackson County paid (personal) property tax receipt
- Current Mortgage Bill (due within last 30 days)

Note: The school waives proof of residency requirements for a child whose parent or guardian is serving on specified active duty military orders (per §160.2000 RSMo).

CUSTODY INFORMATION (if applicable)

Please check the appropriate box below:

- No, I do not have any legal documentation on this child that the school needs to be aware of.
- Yes, I do have legal documentation on this child that the school needs to be aware of and keep on file. A copy of those documents are attached to this application (check boxes below).
 - Adoption Papers
 - Order of Protection/Restraining Order
 - Foster Care Information
 - Parenting Plans/Custody Agreements
 - Any other legal documents signed by a judge pertaining to child custody

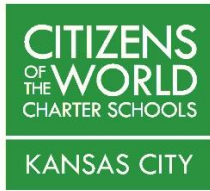
As the parent/guardian, I understand that it is my responsibility to keep CWC Kansas City updated on any legal custody changes (temporary or permanent). I will provide the school with all appropriate documents as soon as they are available.

I understand that it is my responsibility to inform the school of any changes in residency.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____



Office Use Only	
_____	Allergy - Lumen
_____	Medication - Lumen
_____	Imm Verify

2021 -2022 Health Information & Immunization Records Form

STUDENT INFORMATION

Name: _____
First Name
Middle Initial
Last Name

HEALTH QUESTIONNAIRE

1. Does your child have a regular medical provider? Yes No
2. Where is your child receiving regular medical care/treatment?
 Doctor's Office Emergency Room (Hospital)
 Community Clinic Other: _____
3. Has your child had a physical exam in the past two years? Yes No
4. What type of health insurance does your child have?:
 Private or Employer-Paid Medicaid or MC+ No insurance at present time
5. Does your child have a regular dental provider? Yes No
6. Where is your child receiving regular dental care/treatment?
 Private Dentist's Office Clinics based on school referral
 Community Dental Clinic Other: _____
7. When was the last time your child went to the dentist?
 Within past 12 months Within past 2 years Has never been to the dentist
8. Circle the type of dental insurance your child has:
 Private or Employer-Paid Medicaid or MC+ No insurance at present time
9. Has your child been diagnosed with a medical condition? Yes No
 If yes, specify: _____

ALLERGY & FOOD RESTRICTION INFORMATION

- My child does NOT have any allergies or food restrictions that would affect him/her during the school day.
- My child does have the following allergies or food restrictions that would affect him/her during the school day:
 Please specify: _____

Parents/guardians must provide a doctor's note describing all allergy conditions and/or medically-related food restrictions.

MEDICATION INFORMATION

My child is NOT taking medications that will need to be administered during regular school hours.

My child is taking medications that will need to be administered during regular school hours.

If yes, please specify:

Name of Medication: _____

Condition for which medication is prescribed: _____

Time to be given: _____

Amount to be given: _____

Please note: medications will be administered according to the Medication Policy, available in the CWC Kansas City Family Handbook.

By signing below, I, the parent/guardian of _____ (child's full name),

- certify that the above information is accurate,
- understand that I will notify the school of any changes to the information on this form,
- and do hereby give permission to Citizens of the World Charter Schools Kansas City to administer the above-mentioned, prescribed medication to my child.

IMMUNIZATION INFORMATION

Information on the 2021-2022 Missouri School Immunization Requirements may be found at <http://health.mo.gov/living/wellness/immunizations/pdf/2021schoolrequirements.pdf>.

For Kindergarten through 8th Grade, proof of the following immunizations are required:

- DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis) – 4 doses (last dose on or after the fourth birthday)
- IPV (Polio) – 3 doses (last dose on or after the fourth birthday)
- MMR (Measles, Mumps, Rubella) – 2 doses
- Hepatitis B – 3 doses
- Varicella (Chickenpox) – 2 doses

In addition to the above, for 8th Grade, proof of the following immunizations are also required:

- Tdap – 1 dose
- MCV – 1 dose

Religious and Medical exemptions are allowed as long as the appropriate exemption card is on file.

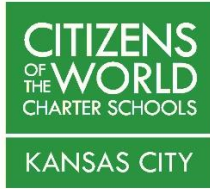
Additionally, any un-immunized children are subject to exclusion from school when/if outbreaks of vaccine-preventable diseases occur.

I verify that the information above is accurate. If there are any changes to the information I have provided, I will immediately notify the school.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____



Office Use Only	
_____	Date Req'd
_____	Date Rec'vd

2021-2022 Student Records Release Form

STUDENT INFORMATION

Name: _____
First Name
Middle Initial
Last Name

- My child DOES NOT have any prior student records that CWC Kansas City needs to obtain.
(skip the remainder of this form)
- My child DOES have prior student records that CWC Kansas City needs to obtain, as follows:

RECORDS RELEASE

For enrollment purposes, the parent/guardian has authorized the following school to release, fax, and/or mail any school records on the above listed student.

Name of last school attended: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

- | | |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Teacher Reports / Academic Progress Notes |
| <input type="checkbox"/> Behavior / Discipline Reports | <input type="checkbox"/> Mental Health Services / Psychological Reports |
| <input type="checkbox"/> Special Education Reports / IEP / IFSP | <input type="checkbox"/> Family Information |
| <input type="checkbox"/> Any information helpful in determining appropriate programming and services for the student. | |
| <input type="checkbox"/> Other: _____ | |

This information will assist Citizens of the World Charter Schools Kansas City in identifying programming that will help the student be more successful in the classroom.

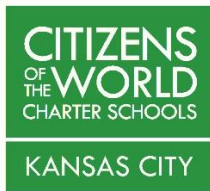
Pursuant to Section 167.020(7) and 167.022, RSMo, the school official enrolling a pupil, including any special education pupil, shall request the student records from all schools, facilities, or state agencies and entities involved with the placement of the student within the last twenty-four months.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____

PRIOR SCHOOL
 Within 5 business days of the request, the above-mentioned school will provide all requested information to:
CWC Kansas City Regional Office
3435 Broadway Blvd. Phone: (816) 872-2944
Kansas City, MO 64111 Fax: (816) 817-9184



Office Use Only _____ Routed?

2021-2022 Federal Program Qualification Form

STUDENT INFORMATION

Name: _____
First Name Middle Initial Last Name

Social Security or Medicaid Number (optional): _____

FEDERAL PROGRAM QUALIFICATION

To help determine if your child may qualify for a federal program, receive additional funding to supplement their educational experience, and be more successful in the classroom, please answer the following questions completely and honestly:

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason?
 Yes No If yes, please specify: _____
2. Are you currently residing at a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations?
 Yes No
3. Are you currently residing in an emergency or transitional shelter?
 Yes No
4. Has the student been abandoned in a hospital?
 Yes No
5. Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings?
 Yes No
6. Are you currently living in a car, park, public space, abandoned building, sub-standard housing, bus/train station, or similar setting?
 Yes No
7. Have you moved into the Kansas City Public School District boundaries in the past three (3) years?
 Yes No
8. In any location within the last three (3) years, have you worked in the agriculture or fishing industries?
 Yes No
If no, do you plan to engage in this type of work soon? Yes No

9. In the last three (3) years, have you worked or are you currently working in any of these areas:

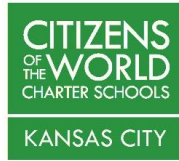
- Pork/Beef Processing
- Milking Cows
- Nursery/Greenhouse
- Planting/Harvesting Crops
- Planting/Harvesting/Ginning Cotton
- Chicken Processing, Feeding Poultry, Gathering Eggs, Working in a Hatchery
- Harvesting/Packing Apples
- Fruit/Vegetable Processing
- Potatoes
- Feeding Livestock
- Growing, Tending To, and Felling Trees

- None of the Above

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____



Office Use Only _____ Routed?

2021-2022 Home Language Survey

STUDENT INFORMATION

Name: _____
First Name Middle Initial Last Name

HOME LANGUAGE

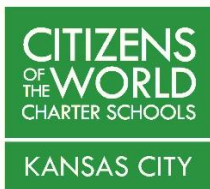
To help provide the most appropriate instruction for your child, please answer the following questions:

1. Is your child's native tongue (first language) a language other than English? Yes No
If yes, please specify: _____
2. Does the student use/speak a language other than English at home and with others? Yes No
If yes, please specify: _____
3. At home, does the student hear and understand a language other than English? Yes No
If yes, please specify: _____

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____



Office Use Only	
_____	No - Media
_____	No - Field Trip

2021-2022 Media and Field Trip Release Form

STUDENT INFORMATION

Name: _____
First Name
Middle Initial
Last Name

PUBLIC INFORMATION RELEASE

CWC Kansas City strives to publicize and promote the accomplishments of its students, including awards, human interest stories, and other events that highlight the many successes which occur in our school. Should the opportunity arise for students to be featured in media-related projects, only students with completed releases will be considered. Please sign and date the following.

By signing below, I give my consent and permission for my child _____, to be interviewed on radio, photographed, and/or videotaped for use in news stories and/or promotional material about/for CWC Kansas City. The consent applies only to the use of my child for non-profit, promotional purposes by CWC Kansas City, Citizens of the World Charter Schools, news organizations, or agencies representing the school.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____

FIELD TRIP PERMISSION FORM & RELEASE

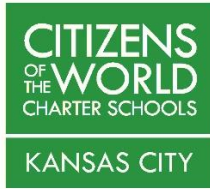
During the school year, students will go on field trips to various destinations in the area. Information for each trip will be communicated, including the date(s), time, supervising teachers, location, and method of transportation. In order for your student to participate in these field trips, a parent/guardian must agree to and sign the following:

By signing below, I give my consent and permission for my child, _____, to go on field trips throughout the school year, including transportation to/from any event authorized in connection with said trip. Failure of student to comply with rules may result in student being sent home at parent/guardian's expense. Field trips are voluntary and a privilege; student may remain in school at parent/guardian's request. In case of emergency, I understand that I will be notified as quickly as possible. If it becomes necessary for my child to have medical care while participating on the trip, I give permission for school personnel to make immediate arrangements for any medical treatment for my student. If the school is unable to contact me, I authorize treatment at the nearest hospital for medical care deemed necessary and appropriate by the physician. By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activities may expose the student to potential harm.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____



2021 Summer School Enrollment Request

STUDENT INFORMATION

Name: _____
First Name Middle Initial Last Name

Grade in 2021-2022 (next year): Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th

SUMMER SCHOOL PROGRAM

CWC Kansas City is excited to continue to offer a Summer School option in 2021 for our students!

Enrolling in Summer School is optional, but **we do ask for a commitment of 100% attendance** (illness and unexpected circumstances aside) on all school days (specific dates TBA). Please note: the Summer School program hours are from 8:00am – 3:15pm.

Enrollment will be based on a first-come-first-served basis in the order in which this entire **completed** Re-Enrollment Packet is submitted. Once all seats are reserved, we will maintain a wait-list in case of cancellations.

Please indicate your Summer School Interest:

- No**, I am not interested in Summer School enrollment.
- Yes**, please enroll my child (above) in the Summer School program, pending available space.
If yes:

_____ (Please initial) I understand that I am making a commitment to ensure my child attends 100% of all school days for the entire summer program.

Additionally, please pick one food-service option:

- My child will **bring a sack lunch** from home each day.
- My child will **eat a hot lunch** at school each day.

If this option is checked, _____ (Please initial) I understand that I will pre-pay **\$72.20** before the last day of school OR ensure I submit a 2020-2021 Federal Free & Reduced Lunch Application with confirmation of "Free" or "Reduced" status.

Parent/Guardian Name: _____
Print Name

Parent/Guardian Signature: _____
Signature

Today's Date: _____