Scuola Vita Nuova Charter School
Lottery Application
2020-2021 School Year

Lottery Deadline: March 1, 2020

Please read before completing:

• For this application to be complete and considered in the lottery you must include:
  o Completed Enrollment Form
  o Proof of Address (current utility bill – gas, electric, water)
  o Birth Certificate
• Your child must turn 5 years old before September 1, 2020 to apply to Kindergarten.
• You must live within the Kansas City Missouri School District boundaries to apply to Scuola Vita Nuova Charter School.
• Admission is determined by a lottery. Lottery preference is given to the following:
  o Siblings of currently enrolled and newly accepted children
  o Children living within a 2 mile radius of Scuola Vita Nuova Charter school
• If your child is selected in the lottery, additional information will be requested and required prior to admission.

Notice of Non-Discrimination: Scuola Vita Nuova 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 any inquiries regarding the District’s non-discrimination policies, please contact the Principal at 535 Garfield Ave. Kansas City, MO 64124. Phone 816-231-5788.
2020-2021 Open Enrollment
January 1 – March 1, 2020

Office Hours: Monday-Friday
7:30 A.M. – 4:00 P.M.
535 Garfield Avenue
Kansas City, MO  64124
(816)231-5788
www.svncharter.org

**Admission Procedures:** Any eligible student who resides in the Kansas City, Missouri School District attendance area can complete the application process at Scuola Vita Nuova Charter School. Preference will be given to *siblings* and students residing in a *two mile* radius of Scuola Vita Nuova.

**Entrance Age for Kindergarten:** Students must be five (5) years old before September 1st preceding entrance.

**Enrollment Procedure:** Scuola Vita Nuova will maintain an open enrollment period for the upcoming school year from **January 1 – March 1, 2020.** Applications must be received by March 1st at 4:00 P.M. Scuola Vita Nuova will exercise a lottery system to determine enrollment. Applications can be downloaded from the SVN website ([www.svncharter.org](http://www.svncharter.org)) or picked up in the SVN office.

**Important Information:**
- Serving Kindergarten – 8th Grades
- School Day: 8:00 A.M. – 3:30 P.M.
- Every Wednesday is early dismissal at 2:00 P.M.
- School Supplies Provided
- Student Uniforms Required
- Ipads & Macbook Pros in every classroom
- 1: 23 class ratio
- After School Care partnership with KC Parks
- Transportation NOT PROVIDED
- Completion of enrollment form does not guarantee enrollment. Additional information will be required if admission is granted.

**Mission Statement**
SVN provides a safe, healthy, collaborative community of engaged learners who are inspired academically while fostering a supportive network for its families.
Student Information

Students entering kindergarten MUST BE five years old before September 1st.

Grade Level Applying for ________________ Date of Birth ________________

Student’s Legal Name ________________

First Middle Last

Nickname ________________ Gender: ___ Male ___ Female Student’s Primary Language ________________

Address ________________ City ________________ Zip Code ________________

Race/Ethnic Heritage: ___ Asian/Pacific Islander ___ American Indian/Alaska Native

___ Hispanic ___ Multi-racial ___ Black/Not of Hispanic Origin ___ White/Not of Hispanic Origin

___ Hawaiian/Pacific Islander ___ Other/Unknown ________________

Support Services

What is your child’s first language? ___ English Other: ______________

What language(s) does your child speak at home or with others? ___ English Other: ______________

What language(s) does your child hear and understand at home? ___ English Other: ______________

Does your child have an Individualized Education Program (IEP)? ___ Yes ___ No ______________

If yes, list disability ______________

Does your child have a 504 plan? ___ Yes ___ No ______________

Contact Information

Parent/Guardian ________________ Parent/Guardian ________________

Relationship ________________ Relationship ________________

Cell Phone/Home ________________ Cell Phone/Home ________________

Work Phone ________________ Work Phone ________________

Is there a court order that restricts either parent from contact with the student or access to student records? ___ Yes ___ No

Emergency Contacts:

If an emergency arises and parent cannot be reached, contact the following:

Name ________________ Relationship ________________ Phone ________________

Name ________________ Relationship ________________ Phone ________________

Name ________________ Relationship ________________ Phone ________________

Sibling Information

List brothers, sisters, stepbrothers, and stepsisters under the age of 18 who reside in your household. Do not include the student for whom this application is made.

<table>
<thead>
<tr>
<th>Sibling Name</th>
<th>School</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>Attends / previously attended SVN?</th>
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<td>No</td>
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</table>
Does your child qualify for federal programs?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Has either parent/guardian or child been employed within the past three years (or are any of the aforementioned currently employed) in some form of temporary or seasonal agriculture work such as:</td>
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<td>• Planting or harvesting crops, transporting farm products to market, feeding or processing poultry, beef, and hogs, gathering eggs or working in hatcheries, working on a dairy farm or catfish farm, cutting firewood or logs to sell.</td>
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<tr>
<td>2. Are you sharing the housing of another person due to loss of housing, economic hardship, or a similar reason? If yes, please explain:</td>
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<td>3. 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?</td>
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<td>4. Are you currently residing in a shelter?</td>
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<td>5. Are you currently residing in a temporary housing arrangement due to economic hardship?</td>
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Health Information

Does the student have any health needs? __Yes __No If yes, please list: ________________________________________________________________

Identify and describe any disabilities, medical conditions, allergies or religious beliefs that require the student to have a special diet.

In case of an emergency involving your child, a SVN staff member will make every effort to contact you as quickly as possible to arrange for medical care. If the school is unable to contact you the staff will seek treatment at the nearest hospital.

Directory Information Disclosure

I consent to have my child’s “directory information” as defined by the Family Education Rights and Privacy Act (FERPA) disclosed for school directories, and other school related organizations and activities.

Yes____ No____ Parent/Guardian Initials_____

Media Waiver & Release

I consent to my child being photographed, interviewed and/or videotaped by representatives of Scuola Vita Nuova, its agents and independent contractors. Any information or images obtained from those activities may be reproduced by the school and or the public media for use in advertising, publicity or educational activities, including but not limited to district and school publications, videos, print and television news and district and/or school web sites. I hereby waive any claims I may have, and release the school district and its employees from liability of claims arising out of such activities.

Yes_____ No_____ Parent/Guardian Initials________

Safe School Act

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>1. Has the student ever been charged or convicted of a felony?</td>
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<td>2. Has the student ever been adjudicated (appeared before a judge) to have committed an act, which if committed by an adult would be one of the following: murder, 1st degree assault, rape?</td>
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<td>3. Is the student currently under suspension for more than 11 days or expulsion?</td>
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<td>An explanation must be provided if you answered yes to any of the above questions.</td>
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</table>

I/ we certify to the best of my/our knowledge the information given on this form and the enrollment form is correct and complete as it pertains to the student’s disciplinary history with regard to suspensions and expulsions from any school for any offenses in violation of the School Board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person. I/ we further acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment. Parent/Guardian Initials_____

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student.

X____________________________________________   ____________________________________
SIGNATURE of Parent/Guardian                     PRINTED Name of Parent/Guardian    Date
This student is applying for the 2020-2021 school year. Please DO NOT WITHDRAW.

Name of Student: ___________________________ Date of Birth: ______________

Previous School Information:

School Name: __________________________ Current Grade: __________

School Address: __________________________________________
Street
City/State/Zip

Phone Number: __________________________ Fax Number: __________________

Description of Information to be Released:

• Complete Transcripts of records and grades
• Health Records/Immunizations
• Attendance Records
• Missouri Assessment Program (MAP) Test Scores and/or other state assessment results
• IEP and Special Education Evaluation (if applicable)
• 504 Plan (if applicable)
• Discipline Records or letter indicating no Discipline Record on file
• ELL/ESL Records
• MOSIS ID Number ________________________

I hereby give my consent for the release of the information and records checked above to be released to:

Scuola Vita Nuova Charter School
535 Garfield Avenue
Kansas City, MO 64124
Phone: 816-231-5788
Fax: 816-231-5181

Signature of Parent/Guardian ___________________________ Date ___________________________