



# Personal Tuition Program Application for Enrollment

Date: \_\_\_\_\_ Please indicate:  Personal Tuition (PT)  Tax Credit (TC)

Grade in 2017-2018: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name (Please Print)

\_\_\_\_\_

Last First Middle

Current Local Address \_\_\_\_\_

Address City State Zip

Home School: \_\_\_\_\_ Home District: \_\_\_\_\_

Please check the following if you meet the criteria for priority consideration for placement (all claims will be verified by the District):

- Sibling of currently enrolled student
- Grandchild of resident(s) of the District
- Child whose parent(s)/legal guardian works within the boundaries of the District; location of work site must be situated within the geographic boundaries of the District.

## STUDENT EDUCATIONAL INFORMATION

Has this student ever attended a Clayton school before?  Yes  No If yes, when? \_\_\_\_\_ School: \_\_\_\_\_

Identify all schools previously attended, including those in other districts or private schools.

Dates Attended	Grades	School	District	City/State

Does this student currently receive special education services or services outlined in an Individual Education Plan (IEP) such as:

Resource Room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-contained Classroom/Phase 2 Classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech or Language Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does this student currently receive any other services such as:

Title I Services; Remedial Reading Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 504 Accommodation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal Gifted Program	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has this student ever received the above services in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

Has this student ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_

## HOME LANGUAGE

Is a language other than English spoken in the home?  Yes  No If yes, language spoken: \_\_\_\_\_

Does the student speak a language other than English?  Yes  No If yes, language spoken: \_\_\_\_\_

Does or has the student received ELL Services?  Yes  No Date entered the United States: \_\_\_\_\_

## RACE/ETHNIC ORIGIN

The School District of Clayton is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. These categories are established by the State of Missouri. Please make one selection you feel is most representative of the student.

Choose only one:

- White (not of Hispanic origin)  Black (not of Hispanic origin)  Indian (American or Alaskan)  Asian (or Pacific Islander)  Hispanic

## FEDERAL MIGRATORY WORKER SURVEY

If you have a child aged 3 through 21 and you have moved from one school district to another school district within the preceding 36 months, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

Before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural or agriculture-related work such as: planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is either parent (or guardian) now employed in any of the above kinds of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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## PRIMARY HOUSEHOLD

Adult #1 Name/Gender \_\_\_\_\_ M / F      Adult #2 Name/Gender \_\_\_\_\_ M / F

Employer \_\_\_\_\_      Employer \_\_\_\_\_

Work Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_      Cell Phone/Pager \_\_\_\_\_

Adult #1 Email Address \_\_\_\_\_      Adult #2 Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(No PO Box)

Home Phone \_\_\_\_\_

## STUDENT RELATIONSHIP TO ADULTS IN PRIMARY HOUSEHOLD

FULL NAME of students who live in the household.	Birth Date mm/dd/yy	Adult #1 Relationship to Student					Adult #2 Relationship to Student				
		Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECONDARY HOUSEHOLD (If applicable)

Check here if you would like copies of all tuition correspondence sent to the secondary household.

Adult #3 Name/Gender \_\_\_\_\_ M / F      Adult #4 Name/Gender \_\_\_\_\_ M / F

Employer \_\_\_\_\_      Employer \_\_\_\_\_

Work Phone \_\_\_\_\_      Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_      Cell Phone/Pager \_\_\_\_\_

Adult #3 Email Address \_\_\_\_\_      Adult #4 Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

## STUDENT RELATIONSHIP TO ADULTS IN SECONDARY HOUSEHOLD

FULL NAME of students who live in the household.	Birth Date mm/dd/yy	Adult #3 Relationship to Student					Adult #4 Relationship to Student				
		Father	Mother	Step Father	Step Mother	Guardian	Father	Mother	Step Father	Step Mother	Guardian
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>