



St. Louis Language Immersion Schools

The Spanish School: 4011 Papin Street, St. Louis, MO 63110

The Chinese School, The French School, The International School: 3740 Marine Avenue, St. Louis, MO 63118

Main phone: 314.533.0975 / Main fax: 314.533.0974 / www.sllis.org

President's Letter to Interested Parents/Guardians

October 3, 2017

Dear Interested Parent/Guardian:

Thank you for your interest in St. Louis Language Immersion Schools (SLLIS)! Our mission at SLLIS is to position all children for success in local and global economies through holistic, intellectually-inspiring language immersion programs. We have three amazing language immersion schools from which to choose: The Chinese School, The French School, and The Spanish School.

Eligibility Requirements: As a network of public charter schools, SLLIS accepts applications for any kindergarten or first grade student who lives in St. Louis City as well as any non-African American kindergarten or first grade student who lives in participating school districts in St. Louis County. Participating County Districts include: Affton, Bayless, Brentwood, Clayton, Hancock Place, Kirkwood, Ladue, Lindbergh, Mehlville, Parkway, Pattonville, Ritenour, Rockwood, Valley Park, and Webster Groves. Please note that families living in the Ferguson-Florissant, Hazelwood, Jennings, Maplewood-Richmond Heights, Normandy, Riverview Gardens, and University City school districts are not eligible to participate. Kindergarten students entering school for the first time must be age 5 before October 1st of the school year to which they are applying.

Application Process: Complete and submit the application in person at the Enrollment Office at 4011 Papin, St. Louis, 63110, or return via regular mail to that same address. We recommend that families attend an information session or go on a scheduled tour of the school that they are interested in. The deadline for submission of an application is Friday, March 10, 2017. If there are more applicants than seats available, we will hold a random lottery as required by law. The lottery will be held on March 17, 2017.

We look forward to receiving your application. If you have any questions or would like additional information, please do not hesitate to contact our Enrollment Coordinator, Nesrine Kelly, at nesrine.kelly@sllis.org. You may also email info@sllis.org or call 314.533.0975, ext. 2903.

Once again, thank you for your interest in SLLIS! We look forward to having your child join our global family.

Sincerely,

Lilith Werner, PhD
President



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Completing Your Application

Please complete all mandatory pages AND submit with the following supplemental documentation for each enrolling student. Return your completed application to the Enrollment Desk at 4011 Papin Street, St Louis, MO, 63110, or email your application and supplemental documents to registrar@sllis.org:

Birth Certificate

TWO Proofs of Residency (Please write your child's name at the top of your proofs of residency)

- Utility bill (current to the last 30 days), Lease Agreement, Mortgage Document, Deed, Social Services Document or Bank Statement.

Immunization Records

IEP, 504 Plan and/or Allergy Action Plan if applicable

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10	Photo and Media Release	<input type="checkbox"/> (mandatory)
11	Bus Transportation Request Form	<input type="checkbox"/> (optional)
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Lottery and Acceptance

If St. Louis Language Immersion Schools receive more applications than there are seats available, we will hold a random lottery as required by law. All initial applications are due March 10, 2017. The lottery is scheduled for March 17, 2017. Students who are not selected in the lottery will be placed on a primary waiting list. All applications received after the lottery deadline of March 10, 2017, will be entered into a separate and secondary waitlist. Students on the primary waiting list shall receive preference to those on the secondary waitlist.

Kindergarten Acceptance Age

Students must be five years old before October 1st of the school year in which they intend to enroll.

NONDISCRIMINATION STATEMENT: SLLIS does not and will not discriminate, or in any way prefer any student over another student based on race, religion, gender, ethnicity, national origin, disability, income level, proficiency in English or athletic ability (RSMO 160.410).



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Student Name (Last, First): _____

School Year: _____

Student Information

Student Name (Last, First, Middle): _____

Address (include city and zip): _____

Child's Gender: Male Female Date of Birth: _____ Grade enrolling in: _____

Preferred Program (1-3): _____ The Chinese School _____ The French School _____ The Spanish School

SSN(optional): _____ Ethnicity (Choose 1): Hispanic/Latino Not Hispanic/Latino

Race: African American Caucasian Asian Pacific Islander American Indian Multi-racial

Residence is within either: City of St. Louis Public School District (SLPS) **OR** St. Louis County School District
(In accordance with Missouri Revised Statute 160.410.1 (2) non-resident pupils are eligible to attend SLLIS under an urban voluntary transfer program; students from the following 15 school districts must be non-African American. Please circle your residential district): Affton, Bayless, Brentwood, Clayton, Hancock Place, Kirkwood, Ladue, Lindbergh, Mehlville, Parkway, Pattonville, Ritenour, Rockwood, Valley Park, Webster Groves

Household Information

Automated School Announcement System (preferred phone number): (____) _____

PRIMARY HOUSEHOLD (Parents/guardians with whom student regularly resides)

Parent/Guardian 1 (Last, First, Middle): _____

Address (Include city and zip): _____

Relationship to student (if court-ordered guardian, copy of court-order must be provided):

Father Mother Step-Father Step-Mother Court-ordered guardian Other: _____

Personal phone: (____) _____ Work Phone: (____) _____ ext. _____

Email: _____

Parent/Guardian 2 (Last, First, Middle): _____

Relationship to student (if court-ordered guardian, copy of court-order must be provided):

Father Mother Step-Father Step-Mother Court-ordered guardian Other: _____

Personal phone: (____) _____ Work Phone: (____) _____ ext. _____

Email: _____



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SECONDARY HOUSEHOLD (Parents/guardians other than those listed above) Not Applicable

Parent/guardian 1 (Last, First, Middle): _____

Address (Include city and zip): _____

Relationship to student (if court-ordered guardian, copy of court-order must be provided):

Father Mother Step-Father Step-Mother Court-ordered guardian Other: _____

Personal phone: (____) _____ Work Phone: (____) _____ ext. ____

Email: _____

SIBLINGS (attending SLLIS):

Sibling 1 (Last, First, Middle): _____

Sibling 2 (Last, First, Middle): _____

Are you a family with foster children? Yes: _____ No: _____

Emergency Information

In the event of an emergency, we will contact the listed Parents/Guardians first. If they cannot be reached, we will proceed to this list. **I AUTHORIZE St. Louis Language Immersion Schools to release my child, and information regarding my child, to the following adults:**

1. _____
Last Name First Name Phone Number Relationship

2. _____
Last Name First Name Phone Number Relationship

3. _____
Last Name First Name Phone Number Relationship

I DO NOT AUTHORIZE St. Louis Language Immersion Schools to release my child to the following individual (must submit legal documentation):

1. _____
Last Name First Name Phone Number Relationship



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Student Health Information

** St. Louis Language Immersion Schools provides a NUT-FREE and PORK-FREE environment. **

1. Does your child have any allergies to foods, medications, or environments? **Yes** **No**
If yes, please attach a copy of your child's current allergy action plan.
2. Does your child have any other illnesses? **Yes** **No**
If yes, please explain: _____
3. Does your child take any medications? *If any medication will need to be given during school hours, a medical authorization form needs to be completed.* **Yes** **No**
If yes, please explain: _____
4. Has your child had any surgeries? **Yes** **No**
If yes, please explain: _____
5. Does your child have any other health concerns? _____

Medical Treatment Release

Health Insurance Carrier

Policy Number

Physician's Name

Physician's Phone Number

I understand St. Louis Language Immersion Schools will seek treatment for my child in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided to my child.

My preferred hospital is: _____

Parent/Guardian Signature: _____ **Date:** _____



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Parent Authorization for Medication Administration

Student Name (Last, First): _____ Date of Birth: _____

Parent/Guardian Name: _____

Telephone Number: (Home) _____ (Work) _____ (Emergency) _____

Other person(s) to be notified in case of a medication emergency:

Name: _____ Telephone Number: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality): _____

Any special directions, signs to observe, side effects: _____

My son/daughter has the following food or drug allergies: _____

Date to discontinue medication: _____ Follow up visit to prescriber: _____

I am requesting the school nurse or designated school personnel administer the medication prescribed by:

_____ to _____
(Licensed Prescriber) (Student)

I am requesting that the school nurse or designated person administer this over-the-counter (OTC), non-prescription drug according to the manufacturer's directions.

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.

I request the above student receive this medication according to the prescription or parental request for OTC drug, and any special instructions. I understand the information is confidential according to the Family Rights and Privacy Act (FERPA), and school personnel, needing to know, have access to this information. I agree to coordinate and work with school personnel and the prescriber if questions arise.

I understand I may cancel this request at any time, and/or retrieve the medication from the school at any time. I understand the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/guardian signature: _____ Date: _____

Relationship to student: _____



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Physician Authorization for Medication Administration

Student Name (Last, First): _____ Date of Birth: _____

Address: _____ Grade: _____

Name of Licensed Prescriber: _____ Title: _____

Business Telephone Number: _____ Emergency Number: _____

I have determined that it is necessary for this medication to be administered during school hours.

Medication to be administered: _____

Route: _____ Dosage: _____ Frequency/time(s) of administration: _____

Other specific directions or information regarding this medication/administration:

Optional information: 1. Special side effects, contraindications, or possible adverse reactions to be observed:

2. Other medication being taken by this student: _____

3. The date of the next scheduled visit or when advised to return to prescriber: _____

4. Consent for self-administration, provided the school nurse determines it is safe and appropriate.

Yes: _____ No: _____

Signature of Licensed Prescriber

Date



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Student Services Intake Information

St. Louis Language Immersion Schools is fully committed to providing quality education to all of our students, including those with special needs.

PREVIOUS SCHOOL INFORMATION (including Elementary, Day Care, Pre-school, HeadStart, etc.):

School Name	City & State	School District
-------------	--------------	-----------------

Type of School:	Public	Charter	Private	Parochial	Homeschool
(please circle)	Other: _____				

- | | | |
|---|------------|-----------|
| 1. Has your child ever been suspended or expelled from any school? | Yes | No |
| 2. If the answer is yes, was any such suspension or expulsion for an offense relating to weapons, alcohol or drugs, or for the willful infliction of injury to another student? Has your child ever been suspended or expelled from any school? | Yes | No |

SPECIAL EDUCATION AND DISABILITY ACCOMODATION

- | | | |
|---|------------|-----------|
| 1. Has your child been involved with early intervention services (birth to age 3)? | Yes | No |
| 2. Has your child been screened for special education by the public schools? | Yes | No |
| 3. Does your child have a current Individual Educational Plan (IEP)?
<i>(Please provide a copy of IEP)</i> | Yes | No |
| 4. Has your child ever received special education services? | Yes | No |
| 5. Does your child receive services under section 504 of the Rehabilitation Act of 1973? <i>(Please provide a copy of 504 plan)</i> | Yes | No |

Please check any of the following services your child has and/or still receives:

___ Speech and Language	___ Physical Therapy	___ Self-Contained Classroom	___ Inclusion Services
___ Orientation and Mobility	___ Adapted Physical Education	___ Occupational Therapy	___ Counseling
___ Deaf and Hard of Hearing	___ Visually Impaired	___ Medical Services	___ Resource Room

- | | | |
|--|------------|-----------|
| 6. Does your child wear glasses? | Yes | No |
| 7. Does your child wear a hearing aid? | Yes | No |
| 8. Are you concerned that your child has a special need that has not yet been evaluated? | Yes | No |

If yes, please explain: _____

Parent/Guardian Signature: _____ Date: _____



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Home Language Survey

Parent Last Name	First Name	Middle Name
------------------	------------	-------------

1. Has your child ever lived outside the United States of America? **(please circle)** **Yes** **No**

2. If so, when did your child enter the United States of America? _____

3. How many years has your child attended school in the United States?

Preschool/Head Start (number of years): _____

Elementary School K-5 (number of years): _____

4. Is any language other than English spoken in the home? **Yes** **No**

5. If yes, which other language(s) is (are) spoken in your home? _____

6. Is your child a native speaker of the languages listed in the home? **Yes** **No**

7. Who speaks these other languages? _____

8. Which of the following best describes your child? Understands only English
Understands only home language listed
Understands English and home language

9. Which language does your child understand the best? English
Home language
Understanding equal

10. Which language does your child speak most of the time? English
Home language listed above

11. Which language did your child learn to speak first? English
Home language listed above

12. Which language do you (parent) speak most of the time? English
Home language listed above

13. Has your child ever been in a bilingual or English as a Second Language (ESL) program? **Yes** **No**

Parent/Guardian Signature: _____ Date: _____



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Student Residency Status

STUDENT RESIDENCY

1. Does the student currently reside:

- In shared housing due to loss of housing, economic hardship, or a similar reason?
Please provide explanation if similar reason: _____
- With a family member, friend, or non-guardian.
(i.e. the parent/legal guardian does not reside with the student)
- At a motel, hotel, trailer park, or camping grounds due to lack of adequate alternative accommodations?
- In an emergency or transitional shelter?
- In a car, abandoned building, public place, or a similar setting not originally designed for sleeping accommodations?
- In a temporary housing arrangement due to economic hardship?
- None of the above.

MIGRATORY STATUS

If you have a student (aged 5-21), and you have moved from one school district to another in the past six years, your child may be eligible for a special program of supplemental services. Answering these questions will help determine eligibility:

1. Have you moved in the last six years? *If no, skip the rest of this section. (Please circle)* **Yes** **No**
2. Before the move, was either parent or guardian employed in some form of temporary or seasonal agriculture 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? **Yes** **No**
3. Was the move from one school district to another made for the purpose of looking for or obtaining any of the above jobs? **Yes** **No**
4. Is either parent or guardian now employed in any of the above kinds of work? **Yes** **No**
5. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal, agricultural work? **Yes** **No**

MILITARY STATUS

1. Is there a family member in the home that is connected to military service? **Yes** **No**
2. If yes, which best describes the current military service?
_____ Active Duty _____ National Guard/Reserve

Parent/Guardian Signature: _____ Date: _____



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Bus Transportation Request Form

**Any student requesting bus transportation services must fill out and submit this form.
Any incomplete forms will be returned and result in a delay of bus transportation service.
Completed forms may be dropped off at the school or emailed to: beth.mertz@sllis.org**

REQUEST: _____ NEW REQUEST _____ CHANGE IN EXISTING BUS ROUTE/STOP

SCHOOL: _____ CHINESE SCHOOL _____ FRENCH SCHOOL _____ SPANISH SCHOOL _____ INTERNATIONAL

GRADE: _____ KINDERGARTEN _____ 1ST _____ 2ND _____ 3RD _____ 4th _____ 5TH _____ 6TH _____ 7TH _____ 8TH

TODAY'S DATE: _____

STUDENT NAME: _____

HOME ADDRESS & ZIP CODE: _____

PARENT/GUARDIAN NAME: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

Bus Stop Location Request

Please list the EXACT address you would like to establish a bus-stop for your student. We will attempt to create a stop that is as close as possible to the address you request.

REQUESTED AM STOP ADDRESS: _____

____ I DO NOT NEED AN AM BUS STOP FOR MY CHILD

REQUESTED PM STOP ADDRESS: _____

____ I DO NOT NEED A PM BUS STOP FOR MY CHILD

ANY COMMENTS/NOTES: _____



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Transportation Information

The modes of transportation for SLLIS students are:

1. Parent/Guardian/Authorized Adult drop off and pick up
2. Walk
3. Bus Transportation

Bus Transportation Eligibility:

SLLIS students are eligible for bus transportation if the following conditions are met:

- Student must reside at least 2 miles or further from the school facility
- Student must be willing to travel as far as 5 blocks to and from a bus stop (typically they are shorter)
- Student must be willing to accept ride times up to 90 minutes
- SLLIS bus stops are only within St. Louis City limits. Stops are not offered in county areas
- Kindergartners are required to have a responsible adult wait with them during pickup and drop off
- Bus transportation services are provided as a benefit and may be discontinued if deemed necessary

Requesting Bus Transportation Services

All students wishing to ride a bus must fill out a Bus Transportation Request Form. If a form is not received, it is assumed the student does not wish to ride a bus. Upon submittal of the Bus Transportation Request Form, a notification will be emailed to parent/guardian, listing bus route information (assigned stop, time, bus number, and effective date for starting bus transportation)

Requesting Changes to Assigned Bus Routes

Requests for bus stop/route changes are allowed under the following conditions:

- Student has moved to a different address
- Existing bus stop is deemed unsafe
- Student has changed location for before or aftercare (such as a change in daycare facility)

Any request for changes require filling out a Bus Transportation Request Form to be submitted to the school. Change requests typically take 2 weeks to go into effect.

PLEASE NOTE:

All Transportation requests must be received **NO LATER THAN JUNE 9TH, 2017**, in order for SLLIS to process and help to ensure bus service for students the first weeks of school.

Failure to submit a Transportation Request Form by **June 9th, 2017** means your child may have to wait up to two weeks after the start of school to receive bus transportation.

