



Superintendent's Letter to Interested Families

October 1, 2024

Dear Interested Parent or Guardian:

Thank you for your interest in St. Louis Language Immersion School (SLLIS)! Our mission at SLLIS is to provide a bilingual, culturally responsive, transformational education that enriches the children of St. Louis City.

Eligibility Requirements: As public charter school, SLLIS accepts applications for any kindergarten or first-grade student who resides in St. Louis City. Kindergarten students entering school for the first time must be age 5 before August 1st of the school year to which they are applying.

Application Process: Visit <https://www.sllis.org/page/enroll-now> to access our online application. Complete and submit the application online or turn in a paper application at the Enrollment Office at 1881 Pine Street, St. Louis, 63103. You may also mail it to this address. If you'd like to tour our campus and see our students in action, you can sign up for a tour at enroll.sllis.org. Seats are offered on a first-come, first-serve basis, so once you accept your seat offer you can make your plans to join the SLLIS family!

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 and Data Director, Jennifer Ting, at jennifer.ting@sllis.org.

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

Sincerely,

Meghan Hill
Superintendent
meghan@sllis.org



Completing Your Application

Please complete all mandatory pages AND submit the following supplemental documentation for each enrolling student. Return your completed application to the Enrollment Desk at 1881 Pine Street, St Louis, MO, 63103, or email your application and supplemental documents to jennifer.ting@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, Allergy Action Plan and/or Legal Document if applicable

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Lottery and Acceptance

Based on availability, SLLIS will make seat offers on a first-come-first-served basis to applicants who meet the enrollment criteria and submit all required application documentation. If SLLIS receives more applications than there are seats available, a waitlist will be initiated.

Kindergarten Acceptance Age

Students must be five years old before August 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).



St. Louis Language Immersion School

Student Name (Last, First): _____ School Year: _____

How did you hear about SLLIS: _____

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 Program ____ The French Program ____ The Spanish Program

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 160.410.3 Non-resident pupils who are siblings of students in St Louis City charter or magnet schools are eligible to attend SLLIS under an urban voluntary transfer program)

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: _____



St. Louis Language Immersion School

Student Name (Last, First): _____

SECONDARY HOUSEHOLD (Parents/guardians other than those listed above)

Not Applicable (skip to SIBLINGS)

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 (currently 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 School 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 School to release my child to the following individual (must submit legal documentation):

| 1. | Last Name | First Name | Phone Number | Relationship |
|-------|-----------|------------|--------------|--------------|
| _____ | _____ | _____ | _____ | _____ |



St. Louis Language Immersion School

Student Name (Last, First): _____

Student Health Information

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

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.

Does your child have any other illnesses? Yes No
If yes, please explain: _____

Does your child take any medications? Yes No
If any medication will need to be given during school hours, a medical authorization form needs to be completed.

If yes, please explain: _____

Has your child had any surgeries? Yes No

If yes, please explain: _____

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 School 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: _____



St. Louis Language Immersion School

Language Use Survey

Tier I: Language Background

1. What was your child's first language? English Other: _____
2. Which language(s) does your child use (speak) at home and with others? English Other: _____
3. Which language(s) does your child hear at home and understand? English Other: _____

If any of these answers indicate a language other than English, please complete the rest of the survey.

Tier II: Expanded Language background

4. Does the student understand when someone speaks with him/her in a language besides English?
Yes No
5. Does the student read in a language other than English?
Yes No
6. Does the student write in a language other than English?
Yes No
7. Does the student interpret for you or anyone else in a language other than English?
Yes No

Tier III: Educational History

8. How many years did the student attend school where the native language was used for instruction?

9. What was the most recent month and year the student attended school? _____
10. Do you believe that your child has learning difficulties that affect his/her ability to understand?

If yes, please explain: _____

11. Has your child been referred to be evaluated for special education?

If yes, please explain: _____

The school is required to assess the English language proficiency of all students who indicate, or are suspected of having, a first language other than English. If the results of the assessment show a student needs language support, you will be notified in writing and the school district will provide language support as deemed appropriate by district staff.

Preferred language for contact by telephone: _____. Preferred language for written contact: _____.



St. Louis Language Immersion School

Student Services Intake Information

St. Louis Language Immersion School 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 ACCOMMODATION

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)? Yes No
(Please provide a copy of IEP)
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? Yes No
(Please provide a copy of 504 plan)

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

Speech & Language Physical Therapy Self Contained Classroom Inclusion Services
 Orientation & Mobility Adapted Physical Education Occupational Therapy Counseling

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

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: _____



St. Louis Language Immersion School

Student Residency Status

STUDENT RESIDENCY

1. Are you sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason?

Explain if it is a similar reason. (Please circle) Yes No

Explain: _____

2. Are you currently residing at a motel, hotel, trailer parks, or camping grounds 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 buildings, substandard housing, bus or train station or similar setting? Yes No

MIGRATORY STATUS

Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

1. Have you moved to the school district in the past three (3) years? (Please circle) Yes No

2. In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply: Yes No

3. If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon? Yes No

4. In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)

• Pork, beef processing • Milking Cows • Nursery/Greenhouse • Planting/Harvesting Crops • Planting, harvesting or ginning cotton • Chicken processing, feeding poultry, gathering eggs, working in a hatchery • Harvesting and packing apples • Other: Fruit and vegetable processing, Potatoes, Feeding livestock, Growing, tending to and felling trees.

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



St. Louis Language Immersion School

Student Name (Last, First): _____

Request for Records

This student has submitted enrollment papers to St. Louis Language Immersion School.

Please provide the following records to complete their cumulative file:

- Health records
- Primary language
- Standardized test scores
- Special education reports: IEPs, 504 plans, Evaluations, Re--evaluations
- Report cards
- Attendance records
- Discipline records

The State of Missouri requires that any school district that receives a records request respond within five business days of receipt.

Please send the above records to: registrar@sllis.org or jennifer.ting@sllis.org

St. Louis Language Immersion Schools- Enrollment (115912/6961)
1881 Pine Street
St. Louis, MO 63103
Fax: 314.533.0974
Phone: 314.533.0975 x2225

Sending School Name: _____

School Address: _____ City _____ State _____ Zip _____

School Phone Number: _____

School Fax Number: _____

To: School Records Clerk

Student's Name: _____ Date of Birth: _____

ID# (if available): _____ Current Grade: _____

Parent/Guardian Signature: _____ Date: _____

Your signature grants the sending school permission to forward your child's school records to St. Louis Language Immersion School.



St. Louis Language Immersion School

Student Name (Last, First): _____

SLLIS Photo & Media Release

By circling yes and signing this waiver and release, you are hereby waiving any claims you may have, and releasing St. Louis Language Immersion School, as well as its directors, officers, administrators, employees, and other agents from any liability or claims arising out of such activities as described above under the description of Internal Use and External Use.

INTERNAL MEDIA USE

Do you consent to your child being interviewed, photographed and/or videotaped by representatives of St. Louis Language Immersion School? Any information or images obtained from those activities may be reproduced by the school for use in advertising, publicity or educational activities, including, but not limited to school publications, videos, and/or school websites. (Please circle) Yes No

EXTERNAL MEDIA USE

Do you consent to your child being interviewed, photographed and/or videotaped by external media during the course of regular activities with St. Louis Language Immersion School? Any information or images obtained from those activities may be reproduced for use in radio news, televised news or print media news outlets, including their websites. (Please circle) Yes No

Student Name: _____

Program (circle one): Chinese French Spanish

Parent/Guardian Signature: _____ Date: _____



Missouri Course Access Program

The Missouri Course Access and Virtual School Program (MOCAP) is a catalog of virtual online courses for students which can be accessed starting during the 2019-2020 school year. By using MOCAP students will be able to take an entire course from any computer connected to the internet.

The Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education oversee MOCAP, which aims to offer Missouri students equal access to a wide range of high quality courses, flexible scheduling, and interactive online learning.

How to Enroll:

1. Contact Principal, James Robinson regarding your enrollment request: james.robinson@sllis.org
2. Complete the enrollment request form provided by SLLIS and submit it to Principal Robinson.

For More Information:

You can read more about MOCAP here: <https://mocap.mo.gov/>

Click [here](#) to read SLLIS' virtual learning policy.

You can view the MOCAP course catalog here: <https://mocap.mo.gov/catalog/>