

*Raymore Peculiar School District  
Student Application Form  
Ray-Pec Academy*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Classroom Enrollment Dates: Enter: \_\_\_\_\_ to \_\_\_\_\_

Vehicle Make/Model/Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Adults with whom you reside:**

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

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

Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

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

Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Other Household Members: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell#: \_\_\_\_\_

*Complete Backside*



## Parent Assessment

Student's name: \_\_\_\_\_ Parent's Name \_\_\_\_\_

1. What are the reasons you would like your student to attend the Academy?
2. What aspects have worked for your student in the traditional high school setting?
3. What aspects have not worked for your student in the traditional high school setting?
4. Why do you think your student would be successful at the Academy?
5. What kind of support would your student need to be successful at the Academy?
6. What support would you be willing to give to enable your student to be successful at the Academy?
7. What do you see happening in your student's life in the next 5 years?

*Complete Backside*

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Therapist/Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Deputy Juvenile Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications:

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Reason for Medications:

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Please list anyone who is not legally allowed contact with your student.

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## *Parent Assessment Checklist*

Please check all that apply

### III. Academic

- High Achiever
- Doing satisfactory or better
- Often frustrated
- appearance/hygiene
- Extreme dissatisfaction with school
- Sudden decline in grades/quality of work
- No effort
- Short attention span
- Difficulty getting organized
- Difficulty staying on task

### IV. Attendance

- Regularly attends/is not tardy
- Frequent absences, especially on Mon. & Fri.
- Frequent tardies
- Frequent restroom/nurse requests

### V. Social

- Appears well adjusted/happy
- Change in friends—negative
- Not accepted in groups
- Seldom expresses feelings/emotions
- Sleeps in class
- Speaks angrily of parents
- Suffered recent divorce/death in family
- Frequently talks about drugs/alcohol
- Has/exchanges large amounts of money
- Depression
- Peers talk of his/her drug/alcohol use
- Seeks constant adult contact
- Reports of off campus problems

### VI. Health/Appearance

- Appears healthy
- Glassy, bloodshot eyes
- Neglects personal
- Constant/persistent cough
- Frequently complains of illness
- Smells of alcohol/pot/tobacco
- Physical injuries visible
- Slurred speech
- Disoriented

### VII. Behavior

- Generally cooperative
- Inconsistent behavior
- Withdrawn/secluded
- Frequent crying
- Vandalism
- Defensive with adults
- Avoids direct eye contact
- Obscene language/gestures
- Argumentative
- Defiance of rules
- Overreacts
- Dramatic/attention getting
- Incidents of uncontrolled anger
- Denial of personal responsibility
- Sexually inappropriate behavior
- Writes/draws chemical graffiti
- Reads chemical literature
- Boasts "getting high"/"partying"

Comments :

Raymore-Peculiar Academy Referral Form  
To be filled out by referring Counselor

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Counselor Referring \_\_\_\_\_ Date \_\_\_\_\_

Concerns (include other staff)

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Interventions tried

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Areas of Concern

### Moods/Behaviors

- \_\_\_\_\_ anxious/worried
- \_\_\_\_\_ depressed/unhappy
- \_\_\_\_\_ eating disorder/
- \_\_\_\_\_ body image concerns
- \_\_\_\_\_ hyperactive/inattentive
- \_\_\_\_\_ shy/withdrawn
- \_\_\_\_\_ low self-esteem
- \_\_\_\_\_ aggressive behaviors
- \_\_\_\_\_ stealing
- \_\_\_\_\_ self-injury
- \_\_\_\_\_ Other: \_\_\_\_\_

### School Concerns

- \_\_\_\_\_ homework not turned in/  
not complete
- \_\_\_\_\_ low test/assignment grades
- \_\_\_\_\_ poor classroom performance
- \_\_\_\_\_ sleeping in class/always tired
- \_\_\_\_\_ sudden change in grades
- \_\_\_\_\_ frequently tardy or absent
- \_\_\_\_\_ new student
- \_\_\_\_\_ appears unmotivated
- \_\_\_\_\_ missing credits
- \_\_\_\_\_ Other: \_\_\_\_\_

### Relationships

- \_\_\_\_\_ bullying
- \_\_\_\_\_ difficulty making friends
- \_\_\_\_\_ poor social skills
- \_\_\_\_\_ problems w/ friends
- \_\_\_\_\_ boy/girl friend issues
- \_\_\_\_\_ pregnant
- \_\_\_\_\_ Other: \_\_\_\_\_

### Home Concerns

- \_\_\_\_\_ fighting w/ family members
- \_\_\_\_\_ illness/death in the family
- \_\_\_\_\_ parents divorced/separated
- \_\_\_\_\_ suspected abuse
- \_\_\_\_\_ suspected substance abuse
- \_\_\_\_\_ on probation
- \_\_\_\_\_ Other: \_\_\_\_\_

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Please circle: Does the student have a 504 yes no IEP yes no

What other services is student receiving (Out of school counseling, DFS, DJO, ELL.)

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Please include information about previous interventions, the child's family situation, siblings, Physician diagnosis/medications, and any other information that may be helpful. Write on the back of this page if necessary.

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Student Strengths: \_\_\_\_\_

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Please attach the following:

- Current transcript
- Current schedule
- Current grades
- Any discipline referrals
- CARES referrals
- Official Attendance Report
- RPA Application Packet