CREATIVE LIFE PREPARATORY SCHOOL

ADMISSIONS APPLICATION
2026-2027 SCHOOL YEAR

MISSION STATEMENT: CREATIVE LIFE PREPARATORY SCHOOL IS TO SERVE FAMILIES DEVOTED TO THEIR CHILDREN'S SPIRITUAL, ACADEMIC, AND SOCIAL ADVANCEMENT BY PROVIDING CHARACTER DEVELOPMENT AND ACADEMIC ACHIEVEMENT THAT CELEBRATES THE INDIVIDUALITY, CREATIVITY, AND TALENTS OF EACH CHILD TO HELP THEM NAVIGATE THEIR WAY TO TRUE SUCCESS. OUR GOAL IS TO PREPARE CHILDREN FOR LIFE. WE DO NOT DISCRIMINATE AGAINST ANY CHILDREN; HOWEVER, OUR GOAL IS TO BUILD A FIRM FOUNDATION, AND WE BELIEVE TRUE SUCCESS IS BUILT ON THE FOUNDATION OF CHRIST. WE SEEK TO ENRICH THE WHOLE STUDENT, SPIRIT, SOUL AND BODY. WE ARE INTENTIONAL IN PROVIDING A CHRIST-CENTERED CURRICULUM THAT WILL PREPARE YOUR CHILD FOR THE WORLD AHEAD.

CLPS IS AN EDUCATION SAVINGS ACCOUNT SCHOOL (ESA), WHICH OFFERS A TUITION FREE OPPORTUNITY FOR THOSE WHO QUALIFY.

CREATIVE LIFE PREPARATORY SCHOOL OFFERS

AN ACCREDITED SCHOOL WITH LICENSED AND CERTIFIED TEACHERS AND TUTORS, 21ST CENTURY STEM LEARNING LAB, RACE TO READ – READING LAB (PRE-K through 3rd GRADE), SUMMER LEARNING ENRICHMENT, SMALLER CLASSROOM SETTINGS, EXTENDED SCHOOL DAYS, CREATIVE AND PERFORMING ARTS: DRAMA AND MUSIC.

Creative Life Preparatory School (K-8) and CL Early Childhood Training (6 weeks – PreK - 5)
Dr. Carolyn Bibbs, Principal
1222 Riverside Blvd. Memphis, TN 38106 www.creativelifeinc.org **For More Information call (901) 775-0304**

Creative Life Preparatory School

The Administrative Staff welcomes the opportunity to serve your child. We do not discriminate against any children; however, our goal is to build a firm foundation, and we believe true success is built on the foundation of Christ. We seek to enrich the whole student, spirit, soul and body. A completed application must be submitted along with the required documents. If further information is needed, our administrative staff will contact you.

Required Documents:

- **Student Enrollment Information**
- **Birth Certificate**
- **Shot Records** – All kindergarteners (5 years old) 4th, and 8th graders need the double dose of MMR or tentative date by which these shots will be administered. Once the shot has been administered, documentation must be submitted to the school's office.
- **Social Security Card**
- **Insurance Card**
- **Proof of Residence** (2 forms)
- **Proof of Income** (2 forms)
- **Form 1040 Income Tax Return**
- **Last Report Card MUST be presented when application is submitted.**
- **Standardized Test Scores**
- **Authorized Pick-Up and Drop-Off List of Individuals**
- **Transcript Release Form**
- **Standards of Safety**
- **Transportation Agreement** (if applicable)
- **Parent Commitment Form**
- **After School Application**

Once your child has been accepted to Creative Life Preparatory School, the final step in the enrollment process is to attend a **Parent/Teacher Orientation, TBA.**

NOTE: PLEASE READ, SIGN / INITIAL AND DATE EACH PAGE

_____Parent/Guardian's Initials

_____Date

Dr. Carolyn D. Bibbs
Principal

This institution is an equal opportunity provider.

Creative Life Preparatory School

Has student ever attended a Tennessee Public School? ☐ Yes ☐ No | Has student ever attended a Memphis City School? ☐ Yes ☐ No

Last School Attended _____
School Name Address City State

CLPS Student ID (For Office Use Only)

Birthdate _____ (mm/dd/yyyy) Gender: ☐ Male ☐ Female Grade Level _____

Has the student ever been enrolled in a Special Education or Resource Program? ☐ Yes ☐ No

Is the student enrolling under an official, approved Memphis City Schools Transfer? (Example: Open Enrollment or Optional) ☐ Yes ☐ No

Student's Legal Last Name | **First Name** | **Middle Name** | **Generation (Jr, III, etc.)** | **Student Social Security Number** ___-___-___

Student Birthplace: City_____ State_____ Country_____

If Immigrant, Date Entered the U.S. Year Started School in U.S.

Ethnic Category: ☐ American Indian/Alaska-Native ☐ African-American/Black (Not of Hispanic Origin) ☐ Asian/Pacific Islander ☐ Hispanic ☐ White (Not of Hispanic Origin)

Is English primary language spoken by student? ☐ Yes ☐ No
Is English language limited? ☐ Yes ☐ No

List Home Language

Student Lives With: ☐ Mother ☐ Father ☐ Both Parents ☐ Other _____

Parent/Legal Guardian Home Phone_____ Parent/Legal Guardian Primary E-mail Address _____

Physical Address of Parent/Legal Guardian

Street Number Street Name Apartment City State Zip

Mailing Address of Parent/Legal Guardian (If different from Physical Address. For example, P.O. Box)

Street Number Street Name Apartment City State Zip

Parent/Legal Guardian Name _____ Work Phone _____ Cell Phone _____ Additional Phone _____
Last First Relationship

Preferred Language: ☐ English ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No

Parent/Legal Guardian/ Other Contact #2 Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Last First Relationship

Mailing Address of Parent/Legal Guardian/Other Contact Name #2

Street Number Street Name Apartment City State Zip

Preferred Language: ☐ English ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No

Emergency Contact Other Than Parent #1 Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Last First Relationship

Preferred Language: ☐ English ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No

Emergency Contact Other Than Parent #2 Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Last First Relationship

Preferred Language: ☐ English ☐ Spanish ☐ Other _____ Translator Needed? ☐ Yes ☐ No

Does the student have any Medical Problems the school needs to know about? ☐ Yes ☐ No
If Yes, please ensure you complete the Medical Information Form and provide it to the school.

Are there any Legal Alerts the school needs to be aware of? ☐ Yes ☐ No

If Yes, please explain and provide appropriate documents (For example, Court Orders). _____

Special Instructions for Pickup/Daycare _____ Password for Pickup _____

Parents or guardians who use a fraudulent address for enrollment may be subject to restitution to the school district or other costs or fees under Tennessee Law (TCA § 49-6-3003).

Signature of Parent or Legal Guardian _____ Date _____

Your signature verifies that the information provided on this form is accurate and complete.

Creative Life Preparatory Schools does not discriminate in its programs or employment on the basis of race, color, religion, national origin, disability, sex, or age.

This institution is an equal opportunity provider.

Creative Life Preparatory School

Proof of Income

Name:_____ **Email Address** _____

Place of Employment: _____

Employer Address: _____

Job Title: _____

Work Phone: _____

Proof of Income Requirements (copies to be submitted to CLPS office):

For each Parent who receives a salary or hourly wages:

- Copy of your two most recent pay stubs that show year-to-date earnings.
- Copy of 2024- or 2025 Form 1040 Income Tax Return

For each Parent who is self-employed:

- Most recent quarterly or year-to-date profit/loss statement.

For each parent who has income such as social security, disability or death benefits, pension, adoption assistance, food stamps, public assistance, unemployment or child support:

- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit, or
- Two most recent bank statements showing receipt of such payment.

The state mandates that this information be on file upon student registration.

Creative Life Preparatory School

Parental Consent and Liability

Parent(s) Name_____

Address_____
City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone Number: _____

Child's Name: _____ Age_____ Date of Birth_____

- -

To Whom It May Concern:

The undersigned does hereby give permission for: _____
(CHILD'S NAME)

I (we) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthesia, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the general or Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Creative Life Incorporated.

Hospital Insurance Yes _____ No_____

Insurance Company_____

_____

Policy Number_____

_____
Participant Date

_____
Mother Date

_____
Father Date

_____
Legal Guardian Date

Creative Life Preparatory School

Standards Of Safety

1. In accordance with the TN Dept of Human Services we have been directed to sanitize our facility daily.

2. The average temperature is 98.6. Each morning, all children, parents, guests, and vendors will be tested before entering the facility with a non-touch forehead thermometer. Any child whose temperature is above 99.7 will be required to return home and will be unable to return to school until their temperature is back to normal.

3. Creative Life is requesting that no one enters the building, if you or your child(ren) have respiratory symptoms, and/or awaiting the results of cold, flu or COVID test.

4. Although Creative Life has relaxed the mask mandate, students are free to wear a durable, solid blue or black mask at your discretion. However, the school is not responsible for suppling mask to students.

5. Creative Life parents or guardians are responsible for monitoring their child(ren) activities to ensure all safety methods are enforced.

I have read, understand, and agree to comply with the Creative Life Preparatory School Safety Standards.

_____ _____

Parent / Guardian Signature Date

DRUG-FREE PREMISES POLICY

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on or in any property owned by or while enrolled as a student at this student. **Violation of the above is considered a major offense and as such may be cause for immediate expulsion.**

Creative Life Preparatory School / Creative Life Incorporated

(See Discipline section of Parent/Student Handbook)

In an effort to maintain a drug-free school, **Creative Life Preparatory School** will provide information to all parents and students regarding the dangers of substance abuse. Creative Life parents are encouraged to discuss this policy with the Creative Life Administrative staff. Such requests will be held in strict confidence.

I understand that as a condition of students' enrollment in the school, I agree to abide by the terms of this statement.

I have read the drug-free premises policy:

_____ _____

Signature of Parent Date

Witness:

_____ _____

School Administrative Staff Date

Creative Life Preparatory School

Equal Opportunity Law

(Title VI of the Civil Rights Acts of 1964)

No person in the United States shall on the grounds of race, color, religion, national origin, age disability, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving funds in whole or in part with Community Development Funds made available pursuant to the Act.

For purpose of this section "program or activity" is defined as any function conducted by an identifiable administrative unit, or by any unit of government, sub recipient, or private contractor receiving Community Development Funds or Loans.

_____ _____

Signature of Parent Date

Witness:

_____ _____

School Administrative Staff Date

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Creative Life Preparatory School

Medical Information Form

Student's Name _____ Email Address _____

Grade Level _____ Date _____

Parent's Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Physician's Name _____ Phone Number _____

Preferred Hospital _____ Insurance Type _____

Has your child been diagnosed by a Physician with any of the following health conditions:

Health Condition	YES	NO	Medications	Special Requests
COVID-19				
Diabetes				
Asthma				
Sickle Cell				
Heart Condition				
ADHD				
Hemophilia				
Seizures				
Cancer				
Allergies				
Bed Wetting				
Frequent Ear Infection				

Other: (*Explain*)

_____

_____

Note: *If your child requires medication during school, you must complete a medical authorization form and obtain a release form from your child's physician for us to administer the medication.*

THIS FORM IS ONLY GOOD FOR ONE YEAR

Authorization for Medication During School Hours

Please Complete All Information

Student Name: _____ School Name: _____

Social Security #: _____ Academic Year: _____

Date of Birth: _____ Sex: _____ Homeroom Teacher_____

THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN

Diagnosis for which medication is given: _____
(i.e. Behavioral, Seizure, Asthma, Diabetes)

Name of Medication: _____ Dosage: _____

Form (pill, liquid, inhaler): _____ How often to be given? _____

List significant side effects: _____

Length of time medication prescribed? _____

☐ **The undersigned hereby verifies that the cooperation of school personnel is assisting with this medication is necessary in order to permit the student to maintain regular school attendance.**

☐ **The undersigned hereby verifies that the above student suffers from asthma and has been instructed in self-administration of the prescribed, metered dosage, asthma-reliever inhaler.**

_____ _____
Physician's Signature Date

_____ _____
Physician's Name (Print) Telephone

I request that my child be allowed to take his/her medication as authorized by the physician and me. I understand that although a reasonable attempt will be made to remind the student, it is expected that the student will be responsible for obtaining his/her medication.

In the case of the administration of prescribed, metered dosage, asthma inhalers:

☐ I do not want my child to self-carry his/her asthma inhaler

☐ I want my child to self carry his/her asthma inhaler

I agree to indemnify and hold harmless MCS and its employees from claims relating to the possession or self-administration of asthma inhalers, and understand that MCS, its employees and agents shall incur no liability as a result of injury to a student or any other person as a result of possession or self-administration of asthma inhalers.

I also authorize the school nurse to consult with the prescribing physician to clarify this medication order, or, in the interest of the student's health, to discuss his/her response to the prescribed medication. All health information will be kept confidential.

_____ _____ _____
Date Parent/Guardian Signature Telephone

Creative Life Preparatory School

Pick-Up / Drop-Off Parent Authorization

For the safety and security of my child(ren), I _____, authorize the following list of persons to pick-up and/or drop-off (parent/guardian signature)

_____ while attending Creative Life Preparatory School during the 2026-2027 (child's name) school year.

AUTHORIZED PARENT PICKUP LIST

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

Name_____ Relationship_____

If individuals are requested to pick up your child(ren), who are not listed on the Parent Pickup List, parents must notify the school prior to the pickup. Even if their pickup person's name is on the list, parents still need to notify the school prior to pick up. Without your call, we will not release your child. The school will not call the parents to verify individuals authorized to pick up their children. Please notify the school by noon if pick arrangements will change.

It is the responsibility of the parents to call the school prior to student pick-up.

Please List any person (s) **NOT AUTHORIZED** to Pick-up and/or Drop-off your child!

1. _____
2. _____
3. _____

Parent / Guardian Signature: _____ Date: _____

Note: When any changes occur, please update this form immediately.

Creative Life Preparatory School

Parent Commitment Policy

Parents, we are pleased to have the opportunity to share in educating your child this school year. Creative Life Preparatory School recognizes that parents are their child's greatest cheerleader, and motivator. The following parent commitment will assist us in ensuring a productive school year.

1. Parents, teachers, administrators, and students must work together for students to reach their full potential.
2. It is important for students to get a good night's sleep in order to arrive at school by 7:30am. Students arriving after 8:30am will be considered tardy. **Three days tardy equals one day absent.** Initials ____
3. Parents must call the school when their child(ren) will not be able to attend, share why they are absent, and should fill out an Absentee Form when the student returns to school and a doctor's note should be turned in as proof of visit. Initial ____
4. Parents should check their child's uniforms and shoes before leaving home each morning to ensure that it is within the school's uniform code. Initial ____
5. Parents must read and adhere to all the paperwork sent home, sign if necessary, and return the next day. Initial ____
6. Parents must commit to asking for homework and ensure that all homework is completed by the deadline. Initial ____
7. Parents must commit to school policies by not allowing students to bring snacks, candy, cookies, hot chips, or drinks, etc.to school. Initial _____
8. Parents must call and schedule an appointment with an administrator to discuss matters concerning their child. Initial ____
9. Parents must participate in all meetings and conferences concerning their child or send a responsible representative. Initial ____
10. Parents must make sure their child follows the school rules, codes, policies, and procedures. For example, no classroom disturbances, no rude behavior towards teachers and administrators and be mindful of the "3 Strike Rule." Initial ____

I have read, understand and agree to comply with this commitments requested for the 2026-2027 SY.

PRINT Name: _____Signature_____ Date_____

Cell Phones / Personal Communication Devices Banned

Creative Life Preparatory School strictly prohibits the use of cell phones and other electronic devices during school hours and after-school program hours. CLPS' policy prohibits your child(ren) from bringing the following devices to school: cell phones, laptops, computers, smart watches and any other electronic communication devices. This policy is intended to eliminate distractions that may interfere with students' academic performance and to prevent other inappropriate uses of technology. It applies during transportation, in classrooms, throughout the school building, and during any off-site trips approved by the school.

Initial ___

Consequences for Violations

- First Offense: Verbal warning, cell phones will be returned to the student at the end of the day and a memo will be sent home to the parents.
- Second Offense: Phone will be held in the office, parents will be notified, and phone must be picked up by a parent or guardian.
- Repeated Offenses: Parents will receive a written notification, and the student will receive In-School or Home Suspension.

Creative Life Preparatory School will not be responsible for any damaged devices.

Initial ___

We appreciate your cooperation in helping us maintain a safe and distraction-free environment.

I have read, understand and agree to comply with the requested mandates for the 2026-2027 SY.

Parent Name: _____Signature_____ Date_____

After Class

After School Program

PARENT/LEGAL GUARDIAN

Date: _____

Home Phone: _____Work Phone: _____ Cell Phone: _____

Parent(s) Name: _____

Address: _____

City: _____State:_____Zip:_____

Emergency Name/Number: _____

Do you receive AFDC _____, Free Lunch _____, or Social Security (SSI) _____

Please Provide Proof.

REGISTRATION

Child's Name: _____

Date of Birth __ _____ Age _____ SSN _____

School _Creative Life Preparatory____ Grade_____

Special Interest (s) _____

PERMISSION TO PARTICIPATE

I am giving _____ permission to attend the After Class After School Program at Creative Life. I expect him/her to be present daily, and I will notify you if there are any changes.

_____ _____

(Parent Signature) (Date)