



KIRK O' THE VALLEY

~ A SCHOOL COMMUNITY SINCE 1961 ~

Registration - First Grade

New Student

School Year 2018 - 2019

▶ STUDENT _____ Male Female Date of Birth _____

▶ PARENT/GUARDIAN 1 _____ SSN _____

Occupation _____ Employer _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email address _____

▶ PARENT/GUARDIAN 2 _____ SSN _____

Occupation _____ Employer _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email address _____

(The following two questions are required by the State of California-Department of Health, Immunization Branch)

Place of Birth _____

Race/Ethnicity White, not Hispanic Hispanic Black Other: _____

▶ MAILING ADDRESS: Street _____

City _____ Zip Code _____

Please indicate if parents have different addresses

Monthly Tuition for 12 months	School Day	8:30 AM – 2:30 PM	\$870
	Full Day	7:00 AM – 6:00 PM	\$995

Annual Enrollment Fee: \$900 (2- payment option available)
The annual enrollment fee includes the following:
Registration Fee, Yearbook, Field Trips, Bus Transportation, Tech Fee, Classroom Consumables

Extended hours are available from 7:00a.m. - 8:00a.m. and from 2:30p.m. - 6:00p.m. at \$7.00 per hour

The school year will begin on Wednesday, August 22, 2018 and end Thursday, June 13, 2019

Parents assume responsibility for full payment of winter and spring breaks and all legal holidays.
Childcare is provided during breaks at an additional cost.

Parent's Signature _____ Date _____

For New Elementary Students

In order for us to become acquainted with you and your child, we would appreciate if you would take a few moments to answer the following questions as completely as possible.

1. How did you hear about Kirk O' The Valley School? _____

2. What other school(s) did you review?

3. What influenced your decision to apply to Kirk O' The Valley?

4. Where is your child presently enrolled? Name of School _____

Street Address _____ City _____ Zip _____ Telephone # _____

Present Grade: _____ Principal: _____

5. Please give a brief assessment of your present school. _____

6. Please give your reasons for leaving your present school _____

7. Please describe your child's academic strengths and weaknesses _____

8. Please describe your child's social strengths and weaknesses, i.e. shy, energetic, outgoing, etc. _____

9. Has your child had an Individual Educational Plan (I.E.P.) from a public school, been referred to the Regional Center or been privately assessed for developmental or educational concerns? Yes No

10. Has your child ever been referred to or met with one of the following?

Occupational Therapist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Behavioral Therapist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Speech Therapist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please describe _____

11. What are your child's special interests? _____

12. Has your child had any health concerns or major illnesses or injuries? Yes No

If "Yes," describe: _____

13. Does your child take medication on a regular basis? Yes No

If "Yes," name of medication(s): _____

14. What are your expectations of Kirk O' The Valley School? _____

15. Would you be willing to schedule and pay for tutoring if it were deemed necessary by the teacher and/or administrator? _____

16. List any other siblings at home with their ages: _____