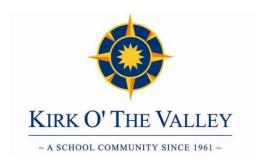
Application for Fourth Grade

New Student School Year 2018-2019



>	STUDENT		D	Iale □Female	Date of Birth	
>	PARENT/GUA	RDIAN 1			SSN	
	Occupation]	Employer	
	Home # (Work # ()		Cell # ()	
	Email address _					
>	PARENT/GUA	RDIAN 2			SSN	
	Occupation				Employer	
	Home # (_)	Work # ()		Cell # ()	
	Email address					
>	(The following t	wo questions are required by	y the State of Californ	ia-Department	of Health, Immunization Branch)	
	Place of Birth					
	Race/Ethnicity White, not Hispanic Black Other:					
MA	ILING ADDRE	SS: Street	_			
		City			Zip Code	
	[Please indicate if par	ents have different ac	ldresses		
N	Ionthly	School Day		- 3:00 PM	\$900	
	Tuition	Full Day	7:00 AM	- 6:00 PM	\$1020	
12	for months (Chromebook cost will be billed in August.)					
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 hou	rs are available from 7	':00a.m 8:00a.n	and from 3	3:00p.m 6:00p.m. at \$7.00 per hour	
•		v		v	nd end Thursday, June 13, 2019	
		arents assume responsibility	• ,	inter and spring	g breaks and all legal holidays.	
Par	ent'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	t Address City	Zip Telephone #					
Prese	ent 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						
	or been referred to the Regional Center? Yes No						
10.	Has your child ever been referred to or met with one of the following?						
	Occupational The Behavioral Ther Speech Therapis	rapist Yes No					
Pleas	se describe						
12.	What are your child's special interests?	?					
13.	Has your child had any health concerns or major illnesses or injuries? Yes No						
	If "Yes," describe:						
14.	Does your child take medication on a r	regular basis? Yes No					
	If "Yes," name of medication(s):						
15.	What are your expectations of Kirk O' The Valley School?						
16.	Would you be willing to schedule and p	pay for tutoring if it were deemed necessary by the teacher					
and/c	or administrator?						
17.	List any other siblings at home with ag	ges:					