

# Registration - First Grade

## New Student

### School Year 2020 - 2021



KIRK O' THE VALLEY

~ A SCHOOL COMMUNITY SINCE 1961 ~

▶ 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

<b>Annual Tuition/ 12 monthly payments</b>	<b>School Day</b>	<b>8:30 AM – 2:30 PM</b>	<b>Annual \$11,400 / Monthly \$950</b>
	<b>Full Day</b>	<b>7:00 AM – 6:00 PM</b>	<b>Annual \$13,140 / Monthly \$1095</b>
	<i>Extended hours are available from 7:00am-8:00am and from 2:00pm-6:00pm at \$7.50 per hour</i>		
<i>We offer a 5% discount on each additional sibling &amp; 3% discount if the annual tuition is paid in full.</i>			

**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

**The school year will begin on Wednesday, August 19, 2020 and end Thursday, June 10, 2021**

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 \_\_\_\_\_

19620 Vanowen Street ~ Reseda, CA 91335 ~ 818-344-1242 ~ Fax 818-881-4217 ~ [kirkschool.org](http://kirkschool.org) ~ [office@kirkschool.org](mailto:office@kirkschool.org)

### *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: \_\_\_\_\_