Application for Fourth Grade

New Student School Year 2021-2022



| ► STUDENT_ | | MaleFema | le Date of Birth | | | | | |
|---|----------------------------------|--|---|--|--|--|--|--|
| ► PARENT/G | SUARDIAN 1 | | SSN | | | | | |
| Occupation | | | Employer | | | | | |
| Home # (_ |) | Work # () | Cell # () | | | | | |
| Email addro | ess | | | | | | | |
| ► PARENT/G | SUARDIAN 2 | | SSN | | | | | |
| Occupation_ | | | Employer | | | | | |
| Home # (_ |) | Work # () | Cell # () | | | | | |
| Email addro | ess | | | | | | | |
| ► (The following two questions are required by the State of California-Department of Health, Immunization Branch) | | | | | | | | |
| Place of Bir | th | | | | | | | |
| Race/Ethnic | city | Hispanic 🗆 Black 🗆 Other: | | | | | | |
| MAILING ADD | DRESS: Street | | | | | | | |
| | City | Zip Code | | | | | | |
| | Please indicate if pare | nts have different addresses | | | | | | |
| Monthly | School Day | 8:00 AM – 3:00 PM | Annual \$12,150 / Monthly \$1015 | | | | | |
| Tuition for | Full Day | 7:00 AM – 6:00 PM | Annual \$13,795 / Monthly \$1150 | | | | | |
| 12 months | | | | | | | | |
| Annual Enrollm | nent Fee: | \$900 (2-payment option available) The annual enrollment fee includes the following: Registration Fee, Yearbook, Field Trips, Bus Transportation, Tech Fee, Classroom Consumables, | | | | | | |
| Normal ext | | subject to change due to CC re from 7:00am-8:00am and | OVID-19 restrictions. from 3:00pm-6:00 _{pm} at \$7.00 per hour | | | | | |
| The so | chool year will begin on W | Vednesday, August 18, 2021 | and end Thursday, June 9, 2022 | | | | | |
| Ch | ildcare is provided during these | breaks at an additional cost, cond | breaks, and any other legal holidays. litions permitting due to COVID-19. aposures, outbreaks or quarantines. | | | | | |

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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 Ki | 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 present | ly enrolled? | Name of School | | | | | |
| Street | et Address | City | Zip | ı | Telephone # | | | |
| Prese | sent Grade: | | Principal: | | | | | |
| 5. | Please give a brief assessme | ent of your prese | ent 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? | | | | | | | |
| | Beha | ipational Therap vioral Therapist ch Therapist | | No No No | | | | |
| Pleas | ase describe | - | | | | | | |
| 12. | What are your child's specia | al interests? | | | | | | |
| 13. | Has your child had any hea | lth concerns or 1 | major illnesses or injuries? | Yes | No No | | | |
| | If "Yes," describe: | | | | | | | |
| 14. | Does your child take medic | ation on a regul | ar basis? | Yes | No No | | | |
| | If "Yes," name of medication | on(s): | | | | | | |
| 15. | What are your expectations | of Kirk O' The | Valley School? | | | | | |
| 16. | Would you be willing to sch | edule and pay f | or tutoring if it were deem | ed necessary | by the teacher | | | |
| and/o | or administrator? | | | | | | | |
| 17. | List any other siblings at ho | ome with their a | ges: | | | | | |