

# Application for Fifth Grade

## New Student

### School Year 2021-2022



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

**Monthly  
Tuition  
for  
12 months**

School Day 8:00 AM – 3:00 PM Annual \$12,180 / Monthly \$1015

Full Day 7:00 AM – 6:00 PM Annual \$13,800 / Monthly \$1150

Pali Camp +\$35 x month / \$420 x year

Annual Enrollment Fee:

**\$900** (2-payment option available)

The annual enrollment fee includes the following:  
Registration Fee, Yearbook, Tech Fee, Classroom  
Consumables and Sanitizing protocol.

***Extended hours are subject to change due to COVID-19 restrictions.***

*Normal extended hours of operation are from 7:00am-8:00am and from 3:00pm-6:00pm at \$7.00 per hour*

**The school year will begin on Wednesday, August 18, 2021 and end Thursday, June 9, 2022**

*Parents assume responsibility for full payment of winter and spring breaks, and any other legal holidays.*

*Childcare is provided during these breaks at an additional cost, conditions permitting due to COVID-19.*

*There will be no refunds for school closures due to COVID-19 exposures, outbreaks or quarantines.*

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 all new incoming Kirk 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 \_\_\_\_\_

Teacher's name \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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. What are your child's special interests? \_\_\_\_\_

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

If "Yes," describe: \_\_\_\_\_

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

If "Yes," name of medication(s): \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

15. 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 \_\_\_\_\_

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

17. List any other siblings at home with their ages: \_\_\_\_\_