

# Application for Second Grade

## New Student

### School Year 2022-2023



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

**Annual  
Tuition/  
12 monthly  
payments**

**School Day 8:30 AM – 3:00 PM Annual \$12,780 / Monthly \$1065**

**Full Day 7:00 AM – 6:00 PM Annual \$14,700 / Monthly \$1225**

*Extended hours are available from 7:00am-8:00am and from 3:00pm-6:00pm at \$8.00 per hour*

*We offer a 5% discount on each additional sibling &*

*3% discount if the annual tuition is paid in full.*

**Annual Enrollment Fee:**

**\$900**

**Non-refundable** (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 17, 2022 and end Thursday, June 8, 2023**

Parents assume responsibility for full payment of winter and spring breaks and all legal holidays.

Childcare is provided during breaks at an additional cost.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

## ***For all new incoming Kirk Second Grade 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?

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

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

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4. What are your expectations of Kirk O' The Valley School? \_\_\_\_\_

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5. Where is your child presently enrolled? Name of School \_\_\_\_\_

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

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

Present Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

6. Please give a brief assessment of your present school. \_\_\_\_\_

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7. Please give your reasons for leaving your present school \_\_\_\_\_

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8. Please describe your child's academic strengths and weaknesses \_\_\_\_\_

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9. Please describe your child's social strengths and weaknesses, i.e. shy, energetic, outgoing, etc. \_\_\_\_\_

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

11. Was your child premature? If yes, by how many months. \_\_\_\_\_

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

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

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

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

What is the purpose of the medication(s)? \_\_\_\_\_

14. 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

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

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

Occupational Therapist  Yes  No

Behavioral Therapist  Yes  No

Speech Therapist  Yes  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: \_\_\_\_\_