## Application - First Grade New Student School Year 2023 - 2024



•	STUDENTMale Female Date of Birth								
<b>&gt;</b>	PARENT/GUARDIAN 1					SSN			
	Occupation					Employer			
	Home # ( Work # ()								
	Email address								
<b>•</b>	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								
<b>•</b>	MAILING	AILING ADDRESS: Street							
		City			Zip Code				
		Please indic	ate if parents have	different ac	ldresses				
		School Day	8:30 AM -	2:30 PM	An	nual \$13,740 / Monthly \$1145			
	nnual	Full Day	7:00 AM –	6:00 PM	Anı	nual \$15,840 / Monthly \$1320			
	iition/ Monthly	Extended hours are available from 7:00am-8:00am and			8:00am and fro	om 2:30pm-6:00pm at \$8.00 per hour			
Pa	ribling &								
	3% discount if the annual tuition is paid in full.								
Annual Enrollment Fee: \$900					(Two payment option available)- Non-refundable The annual enrollment fee includes the following: Registration Fee, Yearbook, Field Trips, Bus Transportation, Tech Fee, Classroom Consumables.				
	The s	school year will be	gin on Wednes	day, Augi	ıst 6, 2023 and	end Thursday, June 6, 2024			
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.									
Par	Parent'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	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, 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								
Pleas	se describe the service(s) provided and time frame								
11.	What are your child's special interests?								

12.	Has your child had any health concerns or major illnesses or injuries?	Yes 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 or have your chil	d assessed is	f it were deemed			
neces	sary by the teacher and/or administrator?					
16.	List any other siblings at home with their ages:					

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