Application for Fourth Grade

New Student School Year 2023-2024

Parent's Signature_



► STUDENT_		MaleFem	nale Date of Birth	
► PARENT/G	UARDIAN 1		SSN	
Occupation_			Employer	
Home # ()	Work # ()	Cell # ()	
Email addre	ess			
► PARENT/G	UARDIAN 2		SSN	
Occupation_			Employer	
Home # ()	Work # ()	Cell # ()	
Email addre	ess			
• (The following	ng two questions are required by	the State of California-Departme	ent of Health, Immunization Branch)	
Place of Birt	th			
Race/Ethnic	aity □White, not Hispanic □	Hispanic □ Black □ Other:_		
MAILING ADD	RESS: Street			
	Please indicate if pare	nts have different addresses		
	School Day	8:00 AM – 3:00 PM	Annual \$14,340 / Monthly \$1195	
34 41	Full Day	7:00 AM – 6:00 PM	Annual \$16,200 / Monthly \$1350	
Monthly Tuition for 12 months	Extended hours are available from 7:00am-8:00am and from 3:00pm-6:00pm at \$8.00 per hour We offer a 5% tuition discount for each additional sibling & a 3% discount if the annual tuition is paid in full.			
		s required to have a Chromo hase the Chromebooks and b	0	
Annual Enrollm	ent Fee:	The annua Registration	nt option available) I enrollment fee includes the following: on Fee, Yearbook, Field Trips, Bus Transportation, Classroom Consumables.	
The sc	hool year will begin on W	ednesday, August 16, 202	3 and end Thursday, June 6, 2024.	
Par	ents assume responsibility for fi	ull payment of winter and spring	g breaks, and any other legal holidays. Inditions permitting due to COVID-19.	

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

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?	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.						
Street	treet Address City Zip	Telephone #				
Prese	resent 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 scho	ol				
	or been referred to the Regional Center? Yes No					
10.	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					
Pleas	lease describe					
11.	What are your child's special interests?					
12.	2. Has your child had any health concerns or major illnesses or injuries?	Yes No				
	If "Yes," describe:					
13.	3. Does your child take medication on a regular basis?	Yes No				
	If "Yes," name of medication(s):					
14.	4. What are your expectations of Kirk O' The Valley School?					
15.	5. Would you be willing to schedule and pay for tutoring if it were deemed neces	sary by the teacher				
and/o	nd/or administrator?					
16.	6. List any other siblings at home with their ages:					