

Application for Third Grade New Student School Year 2024-2025



▶ 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 \$14,760 / Monthly \$1230
Full Day	7:00 AM – 6:00 PM	Annual \$17,040 / Monthly \$1420

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 &
2% discount if the annual tuition is paid in full.*

Annual Enrollment Fee: \$900 (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 14, 2024 and end Thursday, June 12, 2025

Parents assume responsibility for full payment of winter and spring breaks and all legal holidays.
Childcare is provided during breaks at an additional cost.

Parent's Signature _____ Date _____

For all prospective Third Grade applicants

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 School?

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

3. What influenced your decision to apply to Kirk School?

4. What are your expectations of Kirk School?

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.

7. Please give your reasons for leaving your present school

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

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

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: _____

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: _____