ENROLLMENT APPLICATION

STUDENT INFORMATION

|  |  |  |
| --- | --- | --- |
| Student Name |  | Jr/Sr/III |
|  | FIRST | MI | LAST |  |
| Nickname (if applicable): |  | Date of Birth |  | ❑Female ❑Male |
| Home Address |  |  |  |  |
|  | Street Address & Apartment Number | City | State Zip |
| Phone Number |  | Grade entering | ❑K ❑1 ❑2 ❑3 ❑4 ❑5 |
| Race/Ethnicity | ❑American Indian/Alaskan Native ❑Asian ❑Black or African American ❑Hispanic/Latino ❑White ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

PRIMARY CONTACT INFORMATION

|  |  |
| --- | --- |
| Child lives with | ❑Both Parents ❑Mother ❑Father ❑Grandparent ❑Guardian ❑Foster Parent ❑Other |
| First Parent/Responsible Adult |  |  |  | Jr/Sr/III |
|  | FIRST | MI | LAST |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Relationship |  | Email Address |  |
| Home Address | Same as student: ❑Yes ❑No |  |
|  | *(If no, please fill in address)* | Street | CITY | STATE | ZIP |
| Second Parent/Responsible Adult |  |  |  | Jr/Sr/III |
|  | FIRST | MI | LAST |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Relationship |  | Email Address |  |
| Home Address | Same as student: ❑Yes ❑No |  |
|  | *(If no, please fill in address)* | Street | CITY | STATE | ZIP |

ADDITIONAL EMERGENCY CONTACTS

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST CONTACT - Name |  | Relationship |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Can this person pick up student at school | ❑Yes ❑No |
| SECOND CONTACT - Name |  | Relationship |  |
| Home Phone |  | Cell Phone |  | Work Phone |  |
| Can this person pick up student at school | ❑Yes ❑No |

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|  |  |
| --- | --- |
| **Please check any of the following that apply:**  | ❑ESE/Special Education ❑504 Plan ❑ELL/ESL  |
| ❑IEP or Other (*explain*) |  |
|  |  |  |  |  |

PREVIOUS SCHOOL INFORMATION

|  |  |
| --- | --- |
| Name of school previously attended |  |
| Address of previous school |  |
|  | STREET | CITY | STATE | ZIP |

SIBLING INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sibling’s Name |  |  |  | Jr/Sr/III | Grade Level |  |
|  | FIRST | MI | LAST |  |  |
| Sibling’s Name |  |  |  | Jr/Sr/III | Grade Level |  |
|  | FIRST | MI | LAST |  |  |
| Sibling’s Name |  |  |  | Jr/Sr/III | Grade Level |  |
|  | FIRST | MI | LAST |  |  |

Will a sibling of the applicant be applying to this school for this school year? ❑Yes ❑ No

*(If you answered “Yes” to this question, please submit an application for each sibling)*

MEDICAL INFORMATION

|  |
| --- |
| *School staff needs to know when your child has a current ongoing heath problem for which he/she may require help during the school day.* |
| **Medical Conditions** | Life Threatening ? ❑ Yes ❑No | I object to medical treatment | ❑ Yes ❑No |  |
| ❑ Asthma ❑Seizures ❑Heart Condition ❑Diabetes ❑Serious Allergies |
| List current allergies, medications, limitations: |  |

|  |  |
| --- | --- |
| **Is there a court order that restricts either parent from contact with this student?** | ❑ Yes ❑No |
| *If such a court order exists, it is the Parent/Guardian’s responsibility to provide a copy of the court order to the school. It must be on file in the school’s office.* |

To the best of my knowledge, the above information is correct and complete. In the event of a change of address, phone, name, etc. I will contact the school.

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE OF PARENT / LEGAL GUARDIAN |  | DATE |  |
|  | FIRST | MI | LAST |  |

**STATEMENT OF NON-DISCRIMINATION**

KNOVA Learning School admits students of any race, color, national, and ethnic origin, income level or gender and grants to them all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, income level or gender in the administration of its educational policies, admission policies, and school-administered programs.

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