

# Application for Third Grade New Student School Year 2018-2019



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

<b>Monthly Tuition for 12 months</b>	<b>School Day</b>	<b>8:30 AM – 3:00 PM</b>	<b>\$875</b>
	<b>Full Day</b>	<b>7:00 AM – 6:00 PM</b>	<b>\$995</b>

**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,

*Extended hours are available from 7:00a.m. - 8:00a.m. and from 3:00p.m. - 6:00p.m. at \$7.00 per hour*

**The school year will begin on Wednesday, August 22, 2018 and end Thursday, June 13, 2019**

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 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 # \_\_\_\_\_

Present 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  
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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Behavioral Therapist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Speech Therapist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please describe \_\_\_\_\_

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

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

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

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

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

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

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 ages: \_\_\_\_\_