Application for Third Grade New Student School Year 2022-2023



► STUDENT			Male Female	Date of Birth
► PARENT/C	GUARDIAN 1		SS	N
Home # (_))			nployer
PARENT/C Occupation Home # (_	GUARDIAN 2		SS	N
Place of Bir	rth city □White, not His	panic □Hispanic □ Black	Other:	Health, Immunization Branch)
		te if parents have different a		p Code
Annual Tuition/ 12 monthly payments	Full Day Extended Extended hours ar We	8:30 AM – 3:00 PM 7:00 AM – 6:00 PM I hours are subject to come available from 7:00am offer a 5% discount on e	An hange due to Constant and from the constant and from the constant and from the constant and the constant	om 3:00pm-6:00pm at \$8.00 per hour sibling &
Pa	Annual Enroll chool year will beg rents assume responsib	ment Fee: \$900 in on Wednesday, Auguility for full payment of winte	(2- payment opt The annual enro Registration Fee Tech Fee, Class ust 17, 2022 an	
	e will be no refunds f			Date

For all new incoming Kirk Third Grade 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.	What are your expectations of Kirk O' The Valley School?					
5.	Where is your child presently enrolled? Name of School					
Teacl	her's nameTelephone #					
Stree	et AddressZip					
Prese	ent 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?					
	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?					
If yes	s, 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					
Pleas	e describe					
16.	Would you be willing to schedule and pay for tutoring if it were deemed necessary by the teacher					
and/o	r administrator?					
17.	List any other siblings at home with their ages:					
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