



Kha'p'o Community School

New Student Application for SY 2021/2022

Note: KINDERGARTEN STUDENTS MUST BE 5 YEARS OLD BY SEPTEMBER 30, 2021

Student Information (All blanks are required to be completed or application will be returned until complete)

Student Name: _____ Entering Grade: _____ Date of Birth: _____

Place of birth: _____ Sex: (___) Male (___) Female

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment Number: _____

Home Agency: _____ Dominant Language Spoken in the home: _____

Student's Mailing Address: _____

Student's Physical Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Parent or Guardian Information: (Single, Married, Divorced, Separated, Widowed)

Who is child living with? _____ Relationship to Child: _____

If parents or legal guardians are separated or divorced, who has **legal custody**?

I agree to provide the school with a copy of any current legal documents sharing custodianship.

1. Parent/Legal Guardian Name: _____ Sex: (___) Male (___) Female

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment Number: _____

Home Agency: _____ Relationship to student: _____

Parent's Mailing Address: _____

Parent's Physical Address: _____

Home Phone Number: _____ Cell Phone Number:

Work Phone Number: _____ Personal Email address:

2. Parent/Legal Guardian Name: _____ Sex: (____) Male
(____) Female

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment
Number: _____

Home Agency: _____ Relationship to student:

Parent's Mailing Address:

Parent's Physical Address:

Home Phone Number: _____ Cell Phone Number:

Work Phone Number: _____ Personal Email address:

3. Parent/Legal Guardian Name: _____ Sex: (____) Male
(____) Female

Tribal Affiliation: _____ Degree of Indian Blood: _____ Enrollment
Number: _____

Home Agency: _____ Relationship to student:

Parent's Mailing Address:

Parent's Physical Address:

Home Phone Number: _____ Cell Phone Number:

Work Phone Number: _____ Personal Email address:

Please complete the following for who has legal custody of the child. Check all that apply: (Please note inhaler and EpiPen need to be provided to school, updated food allergy notes are required from physicians **before** food accommodations can be made by kitchen staff.)

Inhaler ____ for: _____ EpiPen ____ for: _____

Food Allergy ____ Name foods:

Does your child require Special Education services? Yes () No () Yes, explain

Does your child have an Individualized Education Plan (IEP) on file? Yes () No ()

Does your child have a 504 Plan on file? Yes () No ()

Has your child been retained? Yes () No () If yes, provide school, year, and grade:

Has your child ever been suspended or expelled? Yes () No () If yes, provide school, year, and reason.

Does your child require counseling services from the School Counselor? Yes () No ()

Does your child receive counseling services from a different organization? Yes () No () If yes, please provide the following information:

Name of provider: _____ Counselor Name:

Provider Address:

Will your child meet with their counselor on or off campus? OFF () ON () If OFF, please provide scheduled counseling times:

Day(s): _____ Time: _____ Counselor who will sign in & out my child:

I understand an excuse from the counselor will be required for tardiness and absences from school regarding counseling. I also understand it is my responsibility to notify KCS' Front Office of any changes regarding my child's counseling services. (Sign if applicable)

Parent/Legal Guardian Name: _____ Signature & Date:

Emergency Contacts: If parent(s) or legal guardians cannot be reached, to what relative or friend do I give permission to pick up or make decisions regarding the health and wellbeing of my child? (must be completed on this form, KCS will not accept a list created by parent or legal guardian)

Emergency Contact 1

Name: _____ Address:

Home Phone Number: _____ Cell Phone Number:

Work Phone Number: _____ Personal Email:

Relationship to child: _____ Relationship to Parent or legal guardian:

Emergency Contact 2

Name: _____ Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Personal Email: _____

Relationship to child: _____ Relationship to Parent or legal guardian: _____

Emergency Contact 3

Name: _____ Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Personal Email: _____

Relationship to child: _____ Relationship to Parent or legal guardian: _____

Emergency Contact 4

Name: _____ Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Personal Email: _____

Relationship to child: _____ Relationship to Parent or legal guardian: _____

School(s) Previously Attended

Please identify any previous school(s) your child has attended.

School 1:

School Name: _____ School Phone Number: _____

School Address: _____

Grade(s) completed: _____ Dates Attended: _____

Reason for Leaving:

School 2:

School Name: _____ School Phone Number:

School Address:

Grade(s) completed: _____ Dates Attended:

Reason for Leaving:

School 3:

School Name: _____ School Phone Number:

School Address:

Grade(s) completed: _____ Dates Attended:

Reason for Leaving:

I am legally responsible for this student and hereby apply for his/her admission to Kha'p'o Community School. I understand that additional information may be requested by the school before my child is enrolled.

Parent/Guardian printed name: _____ Signature:

_____ Relationship to student:

_____ Date: _____

School Use Only

Student has been accepted as a new student for SY 2021/2022 for grade _____ on
_____. ALL required documents have been submitted.

Administrator Printed Name/Title

Administrator Signature

Date