



Kha'p'o Community School

Returning Student Application for SY 2021/2022

All fields must be completed throughout the application

Student Information

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

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

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

Updated Tribal Student and Parent ID will need to be submitted to KCS

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 the 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:

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:

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:

Check all that apply: (Please note inhalers and EpiPen need to be provided to school, updated food allergy notes are required from physicians **before** food accommodations can be made.)

Inhaler ___ for: _____ EpiPen ___ for: _____

Food Allergy ___ Name foods:

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, 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 parents or legal guardians cannot be reached, to what relative or friend do you give permission to pick up or make decisions regarding the health and wellbeing of your child?

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: _____

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 returning student for SY 2021/2022 for grade _____ on _____ . ALL required documents have been submitted.

Administrator Printed Name/Title

Administrator Signature

Date

