



**Kha'p'o Community School**

**New Student Application for SY 2020/2021**

**Note: KINDERGARTEN STUDENTS MUST BE 5 YEARS OLD BY SEPTEMBER 30, 2020**

**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: \_\_\_\_\_

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**School 3:**

School Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

Grade(s) completed: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**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 2020/2021 for grade \_\_\_\_\_ on \_\_\_\_\_ . ALL required documents have been submitted.**

\_\_\_\_\_  
**Administrator Printed Name/Title**

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_  
**Date**