



Kha'p'o Community School

Returning Student Application for SY 2020/2021

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:

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

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 a School Counselor? Yes () No ()

Does your child receive counseling services from a different organization? Yes () No ()

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 I give permission to pick up or make decisions regarding the health and wellbeing of my 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 2020/2021 for grade _____ on _____ . ALL required documents have been submitted.

Administrator Printed Name/Title

Administrator Signature

Date

