

# Kachina Country Day School

2007 – 2008 APPLICATION FOR STUDENT ADMISSIONS

APPLICANT MUST BE 5 YEARS OF AGE BY SEPT. 1, 2007 - ATTACH COPY OF BIRTH CERTIFICATE

## STUDENT INFORMATION

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth Grade 2006/2007 Present School SCHOOL ID# SAIS ID#

**Gender:**  Male  Female **Ethnicity:**  White  American Indian  Hispanic  
 Black  Asian

**Tuition based summer school will be offered, Please indicate if desired**  Yes  No

## FAMILY INFORMATION

\_\_\_\_\_  
Mother's Full Name Father's Full Name

\_\_\_\_\_  
Street Address Street Address

\_\_\_\_\_  
City State Zip City State Zip

\_\_\_\_\_  
Occupation/Title Occupation/Title

\_\_\_\_\_  
Home Phone Daytime Phone Home Phone Daytime Phone

\_\_\_\_\_  
Cellular Phone E-mail Address Cellular Phone E-mail Address

**What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_

**What is the language most often spoken by the student?** \_\_\_\_\_

**What is the language that the student first acquired?** \_\_\_\_\_

**Please list other family members living at home:**

\_\_\_\_\_  
Name Age Present School

\_\_\_\_\_  
Name Age Present School

**Information regarding school parents should be mailed to:**  Both Parents  Mother Only  Father Only

**Applicant lives with:**  Both Parents  Mother  Father  Part-time with Mother & Father  Other \_\_\_\_\_

6602 E. Malcomb Drive, Paradise Valley, AZ 85253  
Telephone 480.951.0745 Fax 480.951.1267 E-mail: kachinaschool@hotmail.com

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APPLICANT INFORMATION

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**Please provide your observations about your child in the following areas:**

- Academic Performance (Past & Present)
- Peer Relationships
- Family Relationships
- Extra Curricular Involvement

**Please describe your goals and expectations for your child.**

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**Has your child ever received educational, psychological, or intellectual testing beyond the regular school/state achievement testing? If yes, please submit testing results.**

Yes       No

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HEALTH INFORMATION

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Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Specific Health Conditions/Allergies \_\_\_\_\_

**Does KCDS have permission to provide emergency first aid?**       Yes       No

**Please describe any unusual limitations (e.g., health, physical, etc.) that would restrict your child's involvement in school programs.**

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EMERGENCY CONTACTS

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**Please provide the names and telephone numbers of two people who have agreed to be contacted if necessary when neither parent can be reached.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

- I have received a copy of the KCDS Student Policies and understand the content.       Yes     No
- I hereby give permission for my student to participate in school sponsored field trips.       Yes     No
- I hereby give permission for our name, address, and phone number to be published in the Kachina Directory.       Yes     No
- I hereby give permission for my student to be photographed and interviewed.       Yes     No

**By signing below, I understand that attendance is required on the first day of instruction in order to reserve my student's enrollment and that non-attendance may result in the loss of placement.**

I understand additional information will be requested to complete enrollment prior to my child starting school.

**NON-REFUNDABLE REGISTRATION FEE - \$250.00**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only: Enrollment Date: \_\_\_\_\_