

STUDENT ENROLLMENT FORM

For Office Use Only	Documents	Initial		
	Birth Certificate		Grade Applied For	
	Social Security Card		Date Received	
	Immunization Records		Special Ed (circle)	Yes No
	Proof of Residence		Exact Date Enrolled	

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY
BIRTHDATE	COUNTRY OF BIRTH	SOCIAL SECURITY #	CURRENT GRADE ENROLLED (Last Year)		<input type="checkbox"/> AMERICAN INDIAN/ALASKAN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN
MM/DD/YYYY		-----	GRADE APPLIED FOR		
STUDENT LIVES WITH: (CHECK ONE)		<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER			

PREVIOUS SCHOOLS ATTENDED DURING THE PAST THREE YEARS (START WITH THE MOST RECENT)				
SCHOOL LAST ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				(---) --- - ----
PREVIOUS SCHOOL ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				(---) --- - ----
PREVIOUS SCHOOL ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				(---) --- - ----

HAS APPLICANT EVER SKIPPED A GRADE? (CIRCLE ONE)	YES NO	WHICH GRADE(S) AND WHY?	
HAS APPLICANT EVER BEEN RETAINED? (CIRCLE ONE)	YES NO	WHICH GRADE(S) AND WHY?	
HAS APPLICANT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? (CIRCLE ONE)	YES NO	IF YES, PLEASE EXPLAIN:	
HAS APPLICANT APPLIED TO KST BEFORE (CIRCLE ONE)	YES NO WHEN: _____	HAS STUDENT EVER ATTENDED KST? (CIRCLE ONE)	YES NO WHEN: _____

PARENT(S)/GUARDIAN INFORMATION						
FATHER'S INFORMATION	LAST NAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER	
	HOUSE NO.	STREET			CITY	ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL	
(---) --- - ----	(---) --- - ----	(---) --- - ----	(---) --- - ----			

MOTHER'S INFORMATION	LAST NAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER	
	HOUSE NO.	STREET				ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL	
	() - - - - -	() - - - - -	() - - - - -	() - - - - -	_____	
	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	NUMBER OF YEARS STUDENT HAS LIVED WITH THIS PERSON:	
	HOUSE NO.	STREET			CITY	ZIP
PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL		
() - - - - -	() - - - - -	() - - - - -	() - - - - -	_____		
OCCUPATION			EMPLOYER:			

NAMES OF ALL BROTHERS AND SISTERS UNDER 18 YEARS OF AGE						
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER	SCHOOL	GRADE

HOW DID YOU LEARN ABOUT AST?					
<input type="checkbox"/> BROCHURE, FLYER, HANDOUT	<input type="checkbox"/> OUTDOOR SIGN	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ADVERTISEMENT _____	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> INTERNET	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> NEWSPAPER _____		

PLEASE CIRCLE
<p>I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD'S PHOTOGRAPHS/VIDEO RECORDING TAKEN AND/OR NAMES PUBLISHED TO BE USED FOR KENILWORTH SCIENCE AND TECHNOLOGY CHARTER SCHOOL PUBLICITY PURPOSES. I UNDERSTAND THAT THE PHOTOS AND THE NAMES MAY BE USED FOR DISPLAY, PUBLICATION, VIDEO, WEBSITES, OR BY OTHER MEDIA, SUCH AS LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS. I ALSO AGREE THAT THIS PERMISSION WILL HAVE NO TIME LIMITATIONS.</p> <p>I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD TO PARTICIPATE IN ALL ATHLETIC EVENTS AT KENILWORTH SCIENCE AND TECHNOLOGY CHARTER SCHOOL, WITH THE UNDERSTANDING THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED IN THE EVENT OF AN INJURY.</p>

