



APPLICATION FOR 3-DAY VISIT OR ENROLLMENT AT KINO SCHOOL

Child's Name: _____ Date of Birth: _____ Male ___ Female ___

Child's Home Address: _____ City: _____ State/Zip _____

Current Grade in School _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

E:mail: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

E:mail: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone _____

Please list any siblings or step-siblings below:

NAME	AGE	RELATIONSHIP	LIVING WITH CHILD?
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___

List any other persons living in the same household:

Name	Relationship
_____	_____
_____	_____
_____	_____

How did you become acquainted with Kino _____

What are the specific needs of your child? _____

What talents or gifts do you think you can contribute to the general learning environment or physical environment of the school? _____

Give any special information the staff should know about your child, such as medical or psychological conditions that may affect his/her learning.

Has your child experienced emotional or behavioral problems which have caused difficulty in educational settings?

If your child is transferring from another school, please complete the following:

Name of School: _____ Principal: _____ Teacher: _____

Address: _____ City, State, Zip: _____

Why are you changing schools: _____

Please check the following boxes:

I have completed the Emergency Card for the 3-day visit.

The administrators of Kino School have my permission to call the administrators, counselors, and/or teachers at my child's former school if it is deemed necessary.

Signature of Parent completing this application: _____ Date: _____

FOR OFFICE USE ONLY

Student completed the 3-day visit. Interview Date: _____

Comments: _____