



## All Grades Application

Application Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Student's Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Student lives with ( ) both parents ( ) mother ( ) father ( ) guardian

Parent name: \_\_\_\_\_ email: \_\_\_\_\_ daytime phone # \_\_\_\_\_

Parent name: \_\_\_\_\_ email: \_\_\_\_\_ daytime phone # \_\_\_\_\_

Who can pick up your child after school (please give phone #'s) \_\_\_\_\_

\_\_\_\_\_

Two Emergency contacts and phone #'s (if we can't reach you): \_\_\_\_\_

\_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

\_\_\_\_\_

What did you or your child like and dislike about those schools? \_\_\_\_\_

\_\_\_\_\_

Names / Ages of other children living in your household: \_\_\_\_\_

\_\_\_\_\_

Student's Favorite Academic Subject: \_\_\_\_\_

Student's Favorite Academic Activity: \_\_\_\_\_

Outside Enrichment Classes that your child has taken: (art, ballet, Karate, etc.) \_\_\_\_\_

\_\_\_\_\_

Any special talents that you want to nurture in your child? \_\_\_\_\_

Any Allergies (especially to food items): \_\_\_\_\_

\_\_\_\_\_

Any Medical Conditions : \_\_\_\_\_

What will your typical drop-off and pick-up times be? \_\_\_\_\_

We will need a vaccination record as well as any other information that you'd like us to know in order to work with your child (religious customs, frequent trips out of town, nannies or babysitters that might pickup, etc..). Please attach the vaccination record and a paragraph letting us know the important details. Also, please make certain to attach a "release of school records" form.

*Kingfisher Academy, Inc. admits students of any race, sex, color, religion, national and ethnic origin, or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, religion, national and ethnic origin, or sexual orientation in administrations of its educational policies, admissions policies, scholarships and loan programs, as well as other school administered programs.*



## Emergency Information

Student's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_

Student's Address: \_\_\_\_\_

**Guardian # 1 Info**

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Guardian # 2 Info**

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Primary Physician & Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Name and relationship of anyone who is authorized to pick up student from school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature, parent or guardian: \_\_\_\_\_



## Permission to Use Photographs/Videos

Photographs or videos may be taken during the school year at school events or during the school day of your child, his school work, or any member of your family attending a school event. This release will give Kingfisher Academy permission to use the photos/videos in materials to promote the school.

I grant to Kingfisher Academy, the right to take photographs/videos of me, my family and my children's school work in connection with school and school events. I authorize Kingfisher Academy, its assigns and transferees to copyright, use and publish the same in any media used to promote the school including but not limited to print and/or electronic media.

I agree that Kingfisher Academy may use such photographs/videos of my child and family members with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no monetary compensation for the use of the work, but it will help the school promote itself to new students and our community. Your permission grants us approval to publicize without prior notification and remains in effect indefinitely.

I have read and understand the above:

Student's name \_\_\_\_\_

Parent or guardian printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_