



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 _____ Parent name _____

Email _____ Email _____

Cell phone _____ Cell phone _____

Place of Work _____ Place of Work _____

Work Phone _____ Work 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 _____