



Kishami Academy LLC

Teaching you into a better Future

Additional Child Enrollment Form

Instructions: Please print using black or blue ink. If extra space is needed, please use back of page.

A. STUDENT INFORMATION

- 1. Legal Name: (Last, First, Middle) _____
- Preferred Name: _____ Preferred Pronouns: _____
- Sex/Gender: Male Female Non-Binary Trans Female Trans Male Other _____
- 2. Home Address _____
- City _____ State _____ Zip Code _____
- 3. Student's Cell Phone (if applicable) _____ **Text Accepted?** Yes No
- 4. Date of Birth: (Month/Day/Year) _____/_____/_____
- 5. Place of Birth: (City/State/ Country) _____/_____/_____
- 6. **Photography Release:** I will allow photographs of my child to be used in School-Related communications such as newsletters, school website, or classroom websites. Yes No

B. PARENT INFORMATION *If different in any way from already enrolled student please state differences on back*

C. HOME LANGUAGE SURVEY *(For cultural and Linguistic awareness within the classroom)*

If student's language use is different from sibling who is already enrolled, please explain below:

D. STUDENT EDUCATIONAL INFORMATION

1. Special Services

- Was this student receiving special education at their previous school? Yes No
- Did this student have a current IEP at his previous school? Yes No
- Did this student have a Section 504 Plan at their previous school? Yes No
- Has this student been identified for gifted and talented services (GATE)? Yes No

2. Previous School Information

Dates Attended	Grade Level/s	Name of School	City/State (Country--If not USA)

2011 E Platte Ave.
 Colorado Springs, CO 80909
 661-236-6116 (Text Preferred)
 kishamiacademy@gmail.com

Rachel Widgren
 Owner & Head Teacher



E. ADDITIONAL CHILDREN IN HOUSEHOLD *If different from previous paperwork, please list on the back*

F. EMERGENCY CONTACT INFORMATION *(If different from contacts listed on previous paperwork)*

1. **Emergency** Contacts in event parent cannot be reached:

Name: (Last, First) _____

Contact Phone: _____ Relationship to student: _____

Home Address: (Street, City, Zip Code) _____

2. The school is authorized to release this student to the following persons in **NON-EMERGENCY SITUATIONS**

Parent verification must be made previous to release via phone call or in-person communication

Name: (Last, First) _____

Contact Phone: _____ Relationship to student: _____

Home Address: (Street, City, Zip Code) _____

Name: (Last, First) _____

G. MEDICAL INFORMATION *A precaution required due to the physical activities and periodic field trips of Kishami Academy*

1. Allergies: _____

2. Medical Concerns: _____

3. Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent Signature: _____

Preferred Hospital: _____

Medical Doctor: (name/phone) _____

Is your child covered by insurance? Yes No Insurance Carrier: _____

H. HISTORY OF DIETARY RESPONSES AND SENSITIVITIES *Please add additional information on back*



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I. ADDITIONAL INFORMATION Please let Kishami Academy LLC know if there are any other details or information that you think would be of benefit for us to know so that we may best address your student's academic, social, mental, and physical needs. Thank you.

J. SIGNATURE

I verify that the information contained in this document is true and correct to the best of my knowledge.

X _____ Today's Date _____

Printed Name: _____

Relationship to Student: Parent Legal Guardian Other (specify) _____