



**Kishami Academy LLC**

Teaching you into a better future

## Enrollment Form

**Instructions:** Please print using black or blue ink. If extra space is needed, please use back of page.  
If you have any questions, please ask for assistance.

### 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/LEGAL GUARDIAN (with whom the student lives)

- Relationship to Student \_\_\_\_\_
1. Legal Name: (Last, First, Middle) \_\_\_\_\_
  2. Preferred Name: \_\_\_\_\_
  3. Primary Contact Phone \_\_\_\_\_ **Text Accepted?** ☐ Yes ☐ No
  4. Email Address \_\_\_\_\_
  5. Home Correspondence Language Preference **if not English** \_\_\_\_\_  
*NOTE: Translations will be done through Google Translate, if possible, so forgive any errors.*
  6. Highest Level of Education Completed  
☐ Not a High School Graduate ☐ High School Graduate (GED)  
☐ Some College (up to AA) ☐ College Graduate (BA)  
☐ Graduate School or Above (MA, PhD) ☐ Decline to State or Unknown
  7. Does student live with this parent/guardian during complete school year? ☐ Yes ☐ No  
If No, please provide explanation \_\_\_\_\_

*If this is the result of a Court Order, please provide relevant portions so Kishami Academy LLC can stay in compliance.*

2328 E Platte Ave.  
Colorado Springs, CO 80909  
661-236-6116 (Text Preferred)  
kish.w@kishamiacademy.org

**Rachel "Kish" Widgren**  
Owner & Head Teacher

**Kishami Academy LLC**  
Enrollment Form

**B2. ADDITIONAL PARENT/GUARDIAN**

Relationship to Student \_\_\_\_\_

1. Legal Name: *(Last, First, Middle)* \_\_\_\_\_

2. Preferred Name: \_\_\_\_\_

3. Primary Contact Phone \_\_\_\_\_ **Text Accepted?** ☐ Yes ☐ No

4. Email Address \_\_\_\_\_

5. Home Correspondence Language Preference **if not English** \_\_\_\_\_

*NOTE: Translations will be done through Google Translate, if possible, so forgive any errors.*

6. Highest Level of Education Completed

- |   |  |
|---|--|
| <input type="checkbox"/> Not a High School Graduate         | <input type="checkbox"/> High School Graduate (GED)  |
| <input type="checkbox"/> Some College (up to AA)            | <input type="checkbox"/> College Graduate (BA)       |
| <input type="checkbox"/> Graduate School or Above (MA, PhD) | <input type="checkbox"/> Decline to State or Unknown |

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

1. Home Language of the Student

Which language did this student learn when they first began to talk? ☐ English ☐ \_\_\_\_\_

Which language does this student most frequently use at home? ☐ English ☐ \_\_\_\_\_

When language do adults use most frequently with this student? ☐ English ☐ \_\_\_\_\_

What language is most often used by the adults at home? ☐ English ☐ \_\_\_\_\_

Has this student attended school learning in a language other than English? ☐ Yes ☐ No

Please list languages student is familiar with: \_\_\_\_\_

2. Student's Ethnicity

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hispanic/Latino                | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Caucasian/White  |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian                  | <input type="checkbox"/> Pacific Islander |

If you wish to explain, add details, or add additional ethnic affiliation, please explain: \_\_\_\_\_

**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

# Kishami Academy LLC

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### 2. Previous School Information

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

### E. ADDITIONAL SCHOOL AGE CHILDREN IN HOUSEHOLD *Please add additional children on back of page*

- Name: *Last, First* \_\_\_\_\_  
 Birth Date: *Month/Day/Year* \_\_\_\_\_ ☐ Male ☐ Female  
 Current school/grade: \_\_\_\_\_
- Name: *Last, First* \_\_\_\_\_  
 Birth Date: *Month/Day/Year* \_\_\_\_\_ ☐ Male ☐ Female  
 Current school/grade: \_\_\_\_\_

### F. EMERGENCY CONTACT INFORMATION *(Other than parent/legal guardian listed above)*

- Emergency** Contacts in event parent cannot be reached:  
 Name: *(Last, First)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_  
 Name: *(Last, First)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_
- 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)* \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Home Address: *(Street, City, Zip Code)* \_\_\_\_\_

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**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*

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

**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) \_\_\_\_\_

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### Kishami Academy Program Liability Waiver

I, \_\_\_\_\_ release and forever discharge Kishami Academy LLC and Rachel "Kish" Widgren, from any and all liability claims and demands with respect to bodily injury, personal injury, illness, or changes in symptoms that may result from academic activities.

Please read and initial the following statements:

- \_\_\_\_\_ 1) I understand that Kishami Academy is an independent school and that Rachel Widgren does not have Colorado Department of Education oversight or insurance coverage.
- \_\_\_\_\_ 2) I understand that Kishami Academy is continually researching and educating the staff in new developments and programs to help clients grow as a whole being: physically, mentally, emotionally, and academically.
- \_\_\_\_\_ 3) I understand that I/my student will be instructed on safety precautions and rules meant to keep me/them safe in all aspects of the program and that
- \_\_\_\_\_ 4) I/my student is held responsible for following these instructions to maintain their own safety.
- \_\_\_\_\_ 5) I understand that a part of Kishami Academy LLC educational programs involves frequent field trips to Memorial Park, Pikes Peak Library District, and periodic activities outside of the school building.
- \_\_\_\_\_ 6) I understand that Kishami Academy primarily makes use of teacher vehicles for transportation and may occasionally use the Mountain Metro Transit System.

By signing this document, I aver that I have read, initialed, and understand each item above.

Client/Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Client/Parent/Guardian Signature: \_\_\_\_\_

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