



Kishami Academy, LLC

Teaching you into a better future

Enrollment Form

-- Please use black or blue ink.

-- The information provided in this contract is valid from the date signed until either the student is withdrawn or terminated (see sections 8, 10, 23 of enrollment contract).

A. STUDENT INFORMATION

Legal Name (*Last, First, Middle*): _____

Preferred Name: _____ Preferred Pronouns: _____

Sex/Gender Identification: _____

Home Address: _____

City/State/Zip: _____

Date of Birth (*month/day/year*): _____

Place of Birth (*city/state/country*): _____

B. PHOTOGRAPHY RELEASE

I will allow photographs of my child to be used in school-related communications such as newsletters, school website, classroom website, school-related social media. Yes No

C. PARENTS/GUARDIANS *You must notify Kishami Academy of any changes to custody agreements between parents/guardians whose situations have changed since initial enrollment.*

1--Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Text Accepted? _____

E-mail Address for school correspondence: _____

2--Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Text Accepted? _____

E-mail Address for school correspondence: _____

- Student lives with:

Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other

- If student does not live with both parents/guardians, school correspondence & student information should be sent to:

Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other

- For billing purposes all bills should be sent to (Please be specific):

Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other

- Billing Name & Address, if different from addresses above:
-

D. SERVICES REQUIRED

Full-Day Academics (9-3pm) Half-Day Academics (9-12pm) Afterschool (3-4pm)

E. HOME LANGUAGE

Which language did this student learn when they first began to talk? _____

What languages are spoken regularly in the home? _____

F. ETHNICITY *this information is collected for demographic purposes only. The registrations of private and independent schools collect this information annually. This section is voluntary.*

What ethnicity/ethnicities does your student identify with primarily through heritage & citizenship? _____

G. SPECIAL SERVICES

Did this student receive special education at their previous school? Yes No

If answered yes, please submit the most recent I.E.P., 504, or other documentation along with your student's transcripts.

H. TRANSCRIPTS

For new students, it is the Parent's responsibility to ensure that the previous school promptly provides Kishami Academy LLC with an official transcript. This aids us in providing the best academic support by analyzing past experiences along with current testing to see what your student needs most

I. DIAGNOSIS & ACADEMIC CONCERNS

Diagnosis: When we run into issues with proven techniques to help your student succeed, knowing ALL diagnoses that your student has assists us in research and accommodations.

Academic Concerns: _____

J. MEDICAL INFORMATION

Food Allergies: _____

Medication Allergies: _____

Other Allergies: _____

Medical Concerns: _____

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 Carrier: _____

K. EMERGENCY CONTACT INFORMATION *These are people other than parents/guardians listed above who are authorized to take action in emergency situations (evacuation of school premises, notification of emergency care/transport) if parents/guardians cannot be reached.*

1) Name: _____ Relationship to student:

Contact Phone: _____

Authorized to pick-up the student in non-emergency situations? Yes No

2) Name: _____ Relationship to student:

Contact Phone: _____

Authorized to pick-up the student in non-emergency situations? Yes No

L. IN-SCHOOL MEDICAL AUTHORIZATION

The school has some supplies on hand. Please mark what your student can have access to:

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> massage | <input type="checkbox"/> essential oils | <input type="checkbox"/> Activated Charcoal |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Tylenol (acetaminophen) | <input type="checkbox"/> Aleve (naproxen) |
| <input type="checkbox"/> Mucinex | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Neosporin |

___ Icy Hot ___ Cough medicine ___ Vicks ___ Homeopathic Remedies

M. How did you hear about Kishami Academy, LLC? _____

N. SIGNATURE *Signatures of **all** parties directly responsible for the Student.*

I have read and understood every section of the enrollment contract. By signing this acceptance of the enrollment contract the Parents of the Student are affirming that they have been completely truthful in providing information, understand completely the enrollment contract, and are jointly and severally liable for the tuition.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____