



STUDENT APPLICATION

Application Date _____ Student Grade _____

Ethnic Origin: _____ African American _____ Asian or Pacific Islander _____ Hispanic
_____ Native American _____ White (Non-Hispanic) _____ Other (Please Explain)

Student's Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone Number _____ Date of Birth ____/____/____ Gender ____ Male ____ Female

Primary Language: _____ English _____ Spanish _____ Other _____

Student lives with: ____ Both Parents ____ Mother ____ Father ____ Guardian or other (relationship) _____

Parents Current Marital Status: _____ Married _____ Divorced _____ Separated

Father/Stepfather/Guardian Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone Number _____ Work Number _____ Cell Number _____

Email Address _____

Place of Employment _____

Address _____
Street City State Zip Code

Mother/Stepmother/Guardian Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone Number _____ Work Number _____ Cell Number _____

Email Address _____

Place of Employment _____

Address _____
Street City State Zip Code



King’s Academy takes pride in educating all students. As we get prepared to receive your child please help us by answering the questions below. The information you provide is for preparation only and is not used in any way to discriminate against enrollment.

Previous school attended _____ Date _____

Address of previous school _____ Phone Number _____

Reason for leaving _____

Does your child attend a childcare/daycare facility? _____ Yes _____ No

If “YES” please provide the following information:

Name of Center: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

When does your child/ren attend the center? _____ Morning _____ Evening _____ Both

Does your child have food allergy? _____ Yes _____ No

Is your child’s food allergy life-threatening? _____ Yes _____ No

Please provide the school with any medication that is needed to treat an allergic reaction as well as the “Request for Administration of Medication” form signed and date by the parent and physician if a prescription is needed.

Check the food(s) that have caused an allergic reaction:

<input type="checkbox"/>	Peanuts or Tree nuts
<input type="checkbox"/>	Milk

<input type="checkbox"/>	Fish/shellfish
<input type="checkbox"/>	Soy products

<input type="checkbox"/>	Eggs
<input type="checkbox"/>	Other

Please list any others: _____

Parent Signature _____ Date _____



Media Release

- I hereby give permission for King's Academy and all media outlets to take photographs or video recordings of my child. I release the use of his/her name and interviews to King's Academy and media outlets for their own use in publications, broadcasts, and on the APS Website.
- I do not give permission for my child to be in any media releases.

Students may be included in photographs, video recordings, and interviews by King's Academy and media outlets at certain events including those open to the public or those held off King's Academy property. This Media Release does not apply to these situations.

Field Trip Permission

Each year classes may participate in field trips and other educational activities that require the student to leave the building for several hours. When a field trip is taken, a letter will be sent home explaining where the class is going and the purpose, date, and time of the trip.

- I give my permission for my child to participate in field trips taken during the year. If a field trip is scheduled that I do not wish my child to attend, I will notify the school in writing.
- I do not give permission for my child to attend field trips taken during the year.

Grade Consent

In many cases, recent interpretation of federal laws restricts a school from disclosing grade point averages of students without prior parental consent. This may be true even when grade point averages are disclosed for the purpose of recognizing positive academic student achievement (e.g. Honor Roll).

We are asking for your permission to share your student's grade point average. Please complete the following information and sign below:

- I consent to the disclosure of my child's grade point average for the purpose of recognizing positive academic achievement (e.g. Honor Roll).
- I do not consent to the disclosure of my child's grade point average for the purpose of recognizing positive academic achievement (e.g. Honor Roll).

This Grade Consent shall remain in effect during the entire time my child attends King's Academy, unless it is revoked by me or another parent or legal guardian in writing.

Please print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____