

2021-22 Enrollment Form



(Office Use Only) POWERSCHOOL COMA BC RR DATE: _____ FILE ADVISOR: _____

STUDENT INFORMATION

STUDENT ID#: _____ GRADE LEVEL: _____ GENDER M F

Does this student have a current IEP or 504? YES NO

LAST NAME: _____ FIRST NAME: _____ MI: _____

PHYSICAL ADDRESS: _____
CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT): _____
CITY STATE ZIP

STUDENT'S HOME PH#: _____ STUDENT'S CELL PH#: _____

DATE OF BIRTH: _____ CITY: _____ STATE: _____ COUNTRY: _____

Ethnicity: Is the student Hispanic or Latino? YES NO
Race: (Please select at least one) AMERICAN INDIAN ALASKA NATIVE
 ASIAN BLACK CAUCASIAN PACIFIC ISLANDER/HAWAIIAN

Did this student attend preschool as a 4-year-old? YES NO IF YES, WHERE? _____

Has this student ever been enrolled in KPBSD? YES NO IF YES, WHERE? _____

Which school would the student attend if they were in a KPBSD building? _____

Last school attended. (If not currently enrolled in Connections) _____

PARENT/GUARDIAN INFORMATION

Preferred Method of Communication: Cell Home Text Email

PARENT/GUARDIAN - 1 LEGAL CUSTODY

PARENT/GUARDIAN - 2 LEGAL CUSTODY

(RELATIONSHIP TO STUDENT): _____

(RELATIONSHIP TO STUDENT): _____

LAST NAME: _____

LAST NAME: _____

FIRST NAME: _____

FIRST NAME: _____

EMPLOYER: _____ WK#: _____

EMPLOYER: _____ WK#: _____

HM PH#: _____ CELL#: _____

HM PH#: _____ CELL#: _____

EMAIL: _____

EMAIL: _____

Is there a custody concern or current order concerning this child? YES NO If YES - Please provide documentation

Are one or more Parents/Guardians a member of the Armed Services? YES NO If YES, Active Duty? _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

Other family members enrolled with Connections: _____

Who will be responsible for educating the student? _____

ACKNOWLEDGEMENT

I acknowledge that I have read KPBSD's District/Parent Compact and agree to follow the tenets described therein, and agree to the following conditions: I am to submit all required reports in a timely manner. (ILP's, Semester Grade Reports, etc.), and my student is required to take all mandatory state testing. If I withdraw my student from the program prior to November 1st of the current school year, I am responsible to reimburse Connections for the portion of educational allotment that my student has used. I am responsible to return all equipment and materials purchased by Connections within ten days of withdrawal.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____