

# 2022-23 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: \_\_\_\_\_