

2024-25 Enrollment Form



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

Do you authorize Connections to use photos of your child in school publications and advertisements? Yes No

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: _____