



2019 RETURNING SCHOLAR REGISTRATION

Scholar Information			
Scholar's Legal Last Name	Scholar's Legal First Name	Scholar's Legal Middle Name	2019 Grade Level:
Address:			Apt #:
City:	County:	Zip Code:	
Home Phone:	Date of Birth:		
Who does the scholar live with? (Name and Relationship):			
Family Information			
Father's Last Name	Father's First Name	Father's Middle Name	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <input type="checkbox"/> same as above			Apt #:
City	State	Zip Code	
Home Phone	Cell Phone		
Employer	Business Phone		
Email:			
Mother's Last Name	Mother's First Name	Mother's Middle Name	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Address <input type="checkbox"/> same as above			Apt #:
City	State	Zip Code	
Home Phone	Cell Phone		
Employer	Business Phone		
Email:			
<input type="checkbox"/> Step-parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Sponsor Information (check if applicable)			
Last Name	First Name	Middle Name	Relationship
Address: <input type="checkbox"/> same as above			Apt #:
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		
Employer:	Business Phone:		
Email:			



Custody

BOTH parents have legal custody and authorized to pick up the child from school? Yes No *If no, provide legal custody documentation*

Other children in the family enrolled with KHS:

Legal Name:	Current Grade:
Legal Name:	Current Grade:
Legal Name:	Current Grade:

Emergency Contact Information *Please provide information for contacts, other than parents*

Emergency Contact: (other than Parent)	Name/Relationship to scholar:	Telephone Number:
Can this person pick up the scholar from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:
Emergency Contact: (other than Parent)	Name/Relationship to scholar:	Telephone Number:
Can this person pick up the scholar from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:
Emergency Contact: (other than Parent)	Name/Relationship to scholar:	Telephone Number:
Can this person pick up the scholar from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email:

How will your child be cared for after school?

Parent Pick-up K-8th YMCA at Kestrel City Bus

Van Service Name: _____ Phone: _____

Carpool: 1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Special Services

Does your child received ESL services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a 504 Educational Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child participate in AIG? <input type="checkbox"/> Yes <input type="checkbox"/> No



Health Information

If your child requires a school health plan for any of the following, additional documentation/forms may be required.

Please indicate if your child has any of the following chronic medical conditions which may require emergency care at school?

- Non-Applicable** Diabetes
- Severe asthma which requires an inhaler Seizure-disorder/epilepsy
- A life threatening allergy (anaphylaxis) such as: stings, food products, medications

Please list the life threatening allergies: _____

Other conditions: _____

Is there any other medical information about your child that would in any way limit or affect the child's school activities? Yes No

If yes, please explain:

Does your child require any medication (prescription and/or over the counter) or other medical attention during the school day? Yes No

Please be aware that my child has non-life threatening allergies to the following:

My child has been diagnosed with a concussion within the last 365 days? Yes No

For rising 7th grade scholars only - Proof of TDAP and MCV Provided: Yes No *If no, in compliance with NC law, parents/guardians must present certification of immunizations on the first day of school entry. If documentation is not presented, parents and/or guardians have 30 calendar days to provide documentation or the scholar shall be excluded from school until proof is presented.*

Military Inquiry

Is this scholar military connected? Yes No If you answered yes, please complete the information below.

	Father	Mother	Stepfather	Stepmother	Guardian	Sibling
Branch*						
Status**						
Grade (Optional)						
Installation (Optional)						
Unit/Squadron						

*Branch Options: Army, Navy, Air Force, Marines, Coast Guard

**Status Options: Active Duty, National Guard, Reserves, Retired Military, Disabled Veteran, Federal Civil Service Employee, Veteran, Foreign Military, Active Reserve/Guard, Deceased, Deceased – Killed in Action



Permissions

FIELD TRIPS: My child has my permission to attend field trips deemed appropriate by the KHS faculty. Fees will be assessed and detailed information will be provided to parents per field trip.

MIDDLE SCHOOL ATHLETIC EVENTS: My 6th-8th grade athlete has my permission to travel with their KHS athletic team on the KHS bus. I understand that the school system vehicle liability coverage is applicable for any vehicular accident. Athletic events include practices and/or games of sport offered by KHS. Any athletic fees information may be obtained by the Athletic Director.

PHOTOGRAPH and MEDIA RELEASE: I hereby give my permission to Kestrel Heights School, it's agents, successors, assigns, clients, and users of it's services and/or newspaper, radio, television, internet, multimedia to use my child's photograph/video. Kestrel Heights School will not identify children by name in photographs/videos displayed, in particular when they are provided for publication with the exception of our annual KHS Yearbook. Should parents not want their child's photographs/videos used in the way described in this policy, they should inform the main office of the school in writing. Otherwise it will be understood that the policy has been read and accepted and consent has been given.

PROPERTY: I understand that I am financially responsible for any damaged or lost property belonging to KHS. This includes but is NOT limited to: textbooks, calculators, lockers, athletic uniforms, classroom furniture, bathroom facilities, computers, walls, doors and windows. At the time damage or loss occurs, a representative of KHS will meet with me to discuss fair compensation or replacement. This policy has been discussed with my child.

DRESS CODE: scholars are expected to adhere to the approved KHS school uniform policy. I will ensure my child is wearing the approved school uniform each and every day they attend school. I understand that I will be called and will be required to bring my child a proper uniform if they are found to be out of dress code.

ATTENDANCE: Regular attendance is the best way to ensure that scholars master the curriculum. I will ensure that my child arrives at school on time each day. My child will be picked up within thirty minutes after school each day unless prior arrangements have been arranged. I understand that regular attendance is vital to a successful school year and will do my best to schedule any appointments for my child until after school hours.

CONTACT INFORMATION: Communication with our Kestrel community is very important to us! We regularly send emails and telephone calls though our Powerschool Portal in order to keep our school family updated with all the events taking place throughout the school year. I will update my information including: email and phone numbers preferences if a change occurs during the school year. If we have a change of residence, I understand written documentation along with proof of residence is required.

Required Parent/Legal Guardian Signature

Parent/Legal Guardian Signature: _____ Date: _____

For Office Use Only:

Date Received: _____

School Official Initials: _____