

# KINDERGARTEN (AGE 5) STUDENT ENROLLMENT FORM

(If your student will be 6 before September 1, you need a K6-8 Student Enrollment Form.)

**Also use this form for a Preschool Student enrolled in the Special Needs Program—see box below.**

SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_

Name of Student \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Past schooling experience, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does he/she feel about home schooling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child have a learning disability, speech problems, or any other handicap that affects his/her educational achievement?  No

Possible problem, but not diagnosed. Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosed problem. Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish this student to be registered in the **Special Needs Program**?  Yes  No

If YES, please complete the following:

(A preschool or kindergarten child may be enrolled in the Special Needs Program if the annual membership fee of \$298 is paid. A Financial Agreement Form will be sent to you if you enroll your student in this program. The services of the special needs staff will then be available to you.)

1. Please enclose a copy of the diagnosis and most recent evaluation.
2. What special programs, if any, has he/she been enrolled in through the public school system?  
\_\_\_\_\_ Date of enrollment \_\_\_\_\_
3. What private help, if any, have you received for this child?  
\_\_\_\_\_ Date of enrollment \_\_\_\_\_
4. How do you plan to accommodate the special needs of your child? \_\_\_\_\_  
\_\_\_\_\_

SCAIHS does not require its members to submit immunization records. Should your son or daughter transfer to a conventional school, however, these records will probably be requested.