



Thank you for your interest in KnILE Prep Academy. Please make sure ALL information is accurate and current. The information you provide in this application will help to determine if KnILE Prep Academy is an appropriate fit for your child's needs. The first step in the process is a consultation. Please call the school office at 281-761-6610 to schedule a consultation. Once acceptance is granted, ALL appropriate documentation and fees MUST be turned in. This will conclude the enrollment process.

KNILE PREP ACADEMY APPLICATION FOR ADMISSION 2020-2021			
STUDENT INFORMATION			
Last Name:	First:	Middle:	Date of Enrollment:
Preferred Name:	Social Security Number:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identify
Date of birth:		Age:	Grade Level Applying For:
Primary Address:			
City:	State:	ZIP Code:	
Applying For: <input type="checkbox"/> FT <input type="checkbox"/> Hybrid	Administrator's Signature:		Director of Enrollment's Signature:
MOTHER / LEGAL GUARDIAN INFORMATION			
Legal Guardian/ Mother's Full Name:			
Occupation:	Daytime Phone Number:	Cell Phone Number:	
Email:			
Full Address (if different from student):			
FATHER / LEGAL GUARDIAN INFORMATION			
Legal Guardian / Father's Full Name:			
Father's Occupation:	Daytime Phone Number:	Cell Phone Number:	
Email:			
Full Address (if different from student):			
EDUCATIONAL QUESTIONNAIRE			
Name of Present School: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Homeschool <input type="checkbox"/> Co-op			Present Grade:
Full School Address:			Principal's Name:
Reason for Leaving:			
May we contact the school? Y N	Primary Language for Student:		Other Languages Spoken:

STUDENT HISTORY

Has your child repeated a grade? Yes No If so, which grade? _____ Please explain:

Does your child receive additional support services (e.g. psychological, OT, speech, etc.)? Yes No

If you answered "Yes" to any of the above, please explain: _____

Please check all areas of concern/diagnoses that apply to your child (ALL diagnostic records MUST accompany this application).

__Academics (please specify): _____

__Fine Motor/Handwriting Problems __Writing __Processing Difficulties __Expressive Language __Dyslexia

__Dysgraphia __Dyscalculia __Attention Deficit/Hyperactivity Disorder __Oppositional Defiant Disorder

__Obsessive Compulsive Disorder __Anxiety Disorder (please specify): _____

__Depression __Behavioral __Bullying __Social Emotional Issues __Trauma Other: _____

__Autism Spectrum Disorder & Functionality __High __Borderline

QUESTIONNAIRE ABOUT STUDENT

Favorite Subject: _____ Why? _____

Worst Subject: _____ Why? _____

Additional Activities Outside of School: _____

How does the student learn best (e.g. listening, reading, writing, doing, etc.)? _____

Has any disciplinary action been given at school? __yes __no If so, please explain: _____

Marital Status of Parents: married ____ separated ____ divorced* ____ mother remarried ____ father remarried
If divorced, who has legal custody of the student? _____
Custody arrangements for the student: _____

*A copy of the signed divorce decree with the primary custodial and educational guardian rights must accompany the application if specific arrangements are expected.

Additional Information: Number of siblings: ____ Placement in family (e.g. oldest, youngest): _____
Is the student adopted? __yes __no
Is the student aware of adoption? __yes __no At what age was the student adopted? _____
Any additional information (e.g. country student was adopted from): _____

Why did you choose KnILE Prep Academy? _____

What is your expectation of KnILE Prep Academy? _____

DISCLAIMER AND SIGNATURE OF ABOVE INFORMATION: I certify that all information in this application is true and complete to the best of my knowledge. I understand that if my child enrolls at KnILE Prep Academy, any and all false or misleading information in my application or consultation may result in expulsion.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

+++++FOR OFFICE USE ONLY+++++