

KINGMAN ACADEMY OF LEARNING

3410 N. Burbank Street
Kingman, AZ 86409
(928) 681-2400 FAX (928) 681-2424

ATTENDANCE APPLICATION

Student's Name _____ Date of Birth _____
Last First M.I.

Current Grade _____ School Year 20____-20____ Applying for Grade _____ for Year 20____-20____

Home Telephone _____ Cell Phone/Message Phone _____

Home Address _____

Mailing Address _____

Circle One: Mother | Name _____
Step-Mother | Address _____
Guardian | Work Phone/Cell Phone _____

Circle One: Father | Name _____
Step-Father | Address _____
Guardian | Work Phone/Cell Phone _____

Present School of Attendance:

School Name _____
City/State _____

Academic History (This section is important in order to provide your child with a quality education that best serves their needs.)

- ____ YES ____ NO Has this child been expelled from any school or district?
- ____ YES ____ NO Is this child being considered for expulsion from a school or district?
- ____ YES ____ NO ____ NA In compliance with conditions imposed by a juvenile court?
- ____ YES ____ NO Has this child ever been placed in special education?
- ____ YES ____ NO Has this child been tested or referred for special education placement?
If so, when and why? _____

Siblings in home:

Name	Age	Currently Attends KAOL	Has applied to attend KAOL
_____	_____	___ Yes ___ No	___ Yes ___ No
_____	_____	___ Yes ___ No	___ Yes ___ No
_____	_____	___ Yes ___ No	___ Yes ___ No

Note: Enrollment is subject to the capacity limit established for the school and/or its grade levels.
Transportation for the student may be the responsibility of the parent or legal guardian.
Providing false information on this form may result in the application being denied or admission being revoked.

This application **must** be signed by a legal parent/guardian.

Parent/Guardian Signature _____ Date _____

FOR SCHOOL USE ONLY - Do Not Write Below This Line

Date application filed with the school _____ Received by _____