



KIDS IN MOTION ACADEMY
APPLICATION FOR ADMISSION
2019-2020 School Year

Office use
Amount: _____
Method: _____

Student Information: These answers will help us better serve your child.

Student's Legal name: (Last) _____ (First) _____ (Middle) _____ (Child's Preferred Name) _____

Students Ethnic background: ___ Hispanic , ___ African American, ___ American Indian, ___ Asian, ___ Caucasian, ___ other

Age _____ Birthdate _____ Place of Birth (City, County, State) _____

Circle one: Nursery / Toddler / Pre-School Interested in what days: Mon-Fri Tues/Thurs Mon/Wed/Fri

Circle one: Pre-K / Kindergarten / 1st grade / 2nd grade / 3rd grade / 4th grade (5 day program)

Circle days needed for Kids Fit Club (Before/After Care): Mon Tues Wed Thur Fri

Current and previous school(s) attended, dates, and reasons for leaving:

Name of school:	Dates:	Reason for leaving:
_____	_____	_____
_____	_____	_____

1. Has your child been suspended or expelled from a previous school for any reason? yes no
If yes please explain including dates, name of school, and principal: _____

2. Has your child been home schooled? Give grades, dates, and curriculum _____

3. Has your child had additional testing or tutoring? If yes, please explain: _____

4. Has your child undergone psychiatric, emotional, or behavioral testing, treatment, or counseling? If yes, please explain: _____

5. Has your child participated in advanced classes? Please explain: _____

6. Is your child fully potty trained? yes no (fully trained= no pull-up or assistance needed in bathroom)

7. Please list any physical or chronic illness of which we should be aware: _____

Parent Information:

Full Name of Father/ Guardian (Include title Mr., Pastor, Dr. etc.) _____

Address: _____ City: _____ State: _____ Zip code: _____

E-mail address: _____ Employer: _____ Cell Phone #: _____

Full Name of Mother/ Guardian (Include title Mrs., Pastor, Dr. etc.) _____

Address: _____ City: _____ State: _____ Zip code: _____

E-mail address: _____ Employer: _____ Cell Phone #: _____

Who has custody of the child? _____

What are the custody arrangements? ___ full, ___ joint (50/50), ___ other / Please explain: _____

Do both parents have drop off and pick up responsibilities? yes / no _____

Are there any situations with family members we should be aware of? (drugs, custody battles, threats etc.)

List person responsible for payment of tuition fees: _____

Has either spouse been convicted of child abuse or sexual molestation of a minor? _____

Have you or your spouse been convicted of a felony in the past 10 years? If so please explain: _____

Reason for choosing Kids In Motion Academy: _____

I affirm that all information in the application is true and accurate to the best of my knowledge. I understand that false information or omission of pertinent information could be reason for not accepting or dismissing a child from Kids In Motion Academy.

Father/Guardian signature: _____ Date: _____

Mother/Guardian signature: _____ Date: _____