

## Student Information

First Name	Middle Name	Last Name	Preferred Name or Nickname
Home Address		Home Phone	Gender
Date of Birth	Place of Birth	Primary Language	Ethnic Background
Last School Attended		Phone	Entering Grade

## Family Information

### Parent/Guardian 1

Name	Relationship to Student		
Home Address	City	State	Zip Code
Occupation	Place of Employment	Work Phone	
Home Phone	Cell Phone	Email	

### Parent/Guardian 2

Name	Relationship to Student		
Home Address	City	State	Zip Code
Occupation	Place of Employment	Work Phone	
Home Phone	Cell Phone	Email	

**Student lives with?**      Father\_\_\_\_    Mother\_\_\_\_    Both\_\_\_\_    Other\_\_\_\_\_

**Where should bills be sent?**      Father\_\_\_\_    Mother\_\_\_\_    Both\_\_\_\_    Other\_\_\_\_\_

**Check if appropriate:**      Father Deceased\_\_\_\_      Parents Divorced\_\_\_\_      Father Remarried\_\_\_\_  
    Mother Deceased\_\_\_\_      Parents Separated\_\_\_\_      Mother Remarried\_\_\_\_

**If parents are divorced or separated, who has legal custody of the applicant?** \_\_\_\_\_

### Other children in student's family:

Name	Age	Gender
Name	Age	Gender
Name	Age	Gender
Name	Age	Gender

Please describe home handling of child behavior issues. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What phrases come to mind when describing your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child to attend KPS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about KPS? \_\_\_\_\_

If a KPS parent referred you, please name. \_\_\_\_\_

**Health Information**

Please list your child's health issues (e.g., allergies, illnesses) or physical limitations (e.g., vision, hearing)

Please list your child's learning issues (e.g., ADD, ADHD, learning disabilities, developmental issues, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name

Phone Number

**Emergency Information**

In the event that your student becomes ill, or meets with an accident while in school, and we are unable to reach you, please give the names of those who could be notified.

Name Relationship to Student

Address Phone

Name Relationship to Student

Address Phone

**Religious Affiliation**

Please describe your family's church affiliation/involvement.

\_\_\_\_\_  
\_\_\_\_\_

Name of Church

Pastor's Name

Phone Number

Years of Membership

Acceptance into each class depends upon the readiness of the child and on space available. Recognizing that children do not develop and mature in all aspects at the same rate, we look at three major developmental areas: large and small motor development; language development; and social/emotional/behavioral development.

Please submit completed application to [kingswayprep@gmail.com](mailto:kingswayprep@gmail.com) or 2010 Dewey Ave, Evanston, IL 60201

Office Use: Date App. Received: \_\_\_\_\_ App. Fee Rcvd: \_\_\_\_\_ Reg. Fee Rcvd: \_\_\_\_\_