

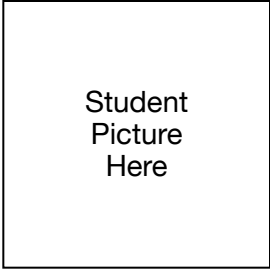
Kingdom Life Academy

2804 Garden Valley Rd

Tyler, TX 75702

Phone: 903-283-3444

Website: www.klatyler.com



Application for Admission

Please *PRINT* with *PEN*

Section 1: STUDENT PERSONAL/ACADEMIC DETAILS

Name	First	Middle	Last
Date of Birth	SS Number:		Gender: M F
Place of Birth	City	State	Country
Ethnicity:	African American	Asian	Mexican American Pacific Islander White Other
Address	Number	Street	City Zip Code
Student Cell Number	Name of Church Membership Active: Y N		

Language(s) commonly spoken at home: (1) _____ (2) _____

Names of schools attended and dates of attendance:

Name of School	FROM (mo/yr)	TO (mo/yr)

Reason for leaving the last school: _____

Last Grade attended: _____

Shirt Size: _____

Please check the special school programs and extra-curricular activities in which your student has participated:

ESL/Bilingual

Gifted and Talented

504

Band

Dyslexia

Choir

Sports

Other: _____

Section 2: STUDENT PERSONALITY

Please rate your student with a score of 1 (low) to 5 (high).

Controls temper when angry	1	2	3	4	5	Has friends	1	2	3	4	5
Has a sense of humor	1	2	3	4	5	Tends to follow others	1	2	3	4	5
Follows rules	1	2	3	4	5	Tends to lead others	1	2	3	4	5
Respects peers	1	2	3	4	5	Completes chores at home	1	2	3	4	5
Respects adults	1	2	3	4	5	Is anxious and fearful	1	2	3	4	5
Arrives to school on time	1	2	3	4	5	Works hard	1	2	3	4	5

Section 3: STUDENT MEDICAL INFORMATION

Does your student have any medical conditions: yes no

If yes, please explain. _____

Does your student take any medication (prescribed or over-the-counter) on a regular basis: yes no

If yes, please explain. _____

Does your student have allergies (food, medicinal, etc.)? yes no

If yes, please explain. _____

Section 4: FAMILY INFORMATION

HOUSEHOLD ONE (Primary Residence) INFORMATION

Parent/Guardian One	Relationship to Student	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother
		<input type="checkbox"/> Grandfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other _____
Name	First	Middle	Last	
Address	Number	Street	City	State Zip Code
Email Address				Phone Number
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Name of Church Membership				Active: <input type="checkbox"/> Y <input type="checkbox"/> N
Employer				Work Phone:
Custodial Rights	<input type="checkbox"/> Y <input type="checkbox"/> N	Financial Responsibility	<input type="checkbox"/> Y <input type="checkbox"/> N	Receive Correspondence <input type="checkbox"/> Y <input type="checkbox"/> N

Parent/Guardian Two	Relationship to Student	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother
		<input type="checkbox"/> Grandfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other _____
Name	First	Middle	Last	
Address	Number	Street	City	State Zip Code
Email Address				Phone Number
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Name of Church Membership				Active: <input type="checkbox"/> Y <input type="checkbox"/> N
Employer				Work Phone:
Custodial Rights	<input type="checkbox"/> Y <input type="checkbox"/> N	Financial Responsibility	<input type="checkbox"/> Y <input type="checkbox"/> N	Receive Correspondence <input type="checkbox"/> Y <input type="checkbox"/> N

How many additional children live in the household? _____

Section 5: EMERGENCY CONTACT INFORMATION

Please list the names of persons, OTHER THAN THOSE LISTED PREVIOUSLY, to be contacted in case of an emergency. List at least two (2) who live locally.

Name	Relationship	Cell Number	Work Number

Section 6: DELCARATION

I certify that the information provided in this application are true and complete to the best of my knowledge. I acknowledge that any false statement, omission, or misrepresentation in the application my result in the rejection of my student’s application or discharge from school.

Signature of Parent/Guardian

Date

Section 7: ADMISSIONS PROCEDURE

1. The completed admission form along with a brief paragraph explaining “Why I am a Good Candidate for Kingdom Life Academy.”
2. Copies of additional documents must be submitted
 - Birth certificate
 - Records from last school attended
 - Last report card
 - Documentation of guardianship (if legal guardian)
3. Provide 2 letters of recommendation (Non-family members)
4. After a completed application is received, an interview appointment will be scheduled. (Student and parent must attend).
5. Student will be informed of admission acceptance or denial by mail within 7 days.

Kingdom Life Academy admits students of any race, color, nationality, and ethnic origins to all the rights and privileges, programs, and activities generally accorded, or make available to students at the school. We do not discriminate on the basis or face, color, nationality, and ethic origin in administration of our educational policies, admissions policies, athletic, and other school administered programs, no in the hiring of faculty and administration.