

KINGDOM LIFE ACADEMY



2804 Garden Valley Road

Tyler, Texas 75702

Phone: 903-283-3444

Website: www.klatyler.com

STUDENT

PICTURE

HERE

Application for Admission

Please print with pen.

Section 1: STUDENT PERSONAL/ACADEMIC DETAILS

NAME	FIRST	MIDDLE	LAST
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE COUNTRY
GENDER	MALE <input type="radio"/> FEMALE <input type="radio"/>	ETHNICITY	<input type="radio"/> AFRICAN AMERICAN <input type="radio"/> ASIAN <input type="radio"/> WHITE <input type="radio"/> MEXICAN AMERICAN <input type="radio"/> PACIFIC ISLANDER <input type="radio"/> OTHER _____
STUDENT CELL PHONE NUMBER	S.S. NUMBER		
ADDRESS	NUMBER STREET	CITY	ZIP CODE
NAME OF CHURCH MEMBERSHIP	ACTIVE	YES <input type="radio"/>	NO <input type="radio"/>

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 _____

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? yes no

If yes, please explain. _____

Section 4: FAMILY INFORMATION

HOUSEHOLD ONE (Primary Residence) INFORMATION

PARENT/GUARDIAN ONE		RELATIONSHIP TO STUDENT	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Legal Guardian <input type="radio"/> Other _____		
NAME	FIRST		MIDDLE		LAST
ADDRESS			CITY	STATE	COUNTRY
EMAIL ADDRESS			PHONE NUMBER		
MARITAL STATUS	<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced	<input type="radio"/> Separated <input type="radio"/> Single	NAME OF CHURCH MEMBERSHIP	ACTIVE	YES <input type="radio"/> NO <input type="radio"/>
EMPLOYER			JOB TITLE		
WORK ADDRESS			WORK PHONE		
CUSTODIAL RIGHTS?	YES <input type="radio"/> NO <input type="radio"/>	FINANCIAL RESPONSIBILITY	YES <input type="radio"/> NO <input type="radio"/>	RECEIVE CORRESPONDENCE	YES <input type="radio"/> NO <input type="radio"/>

PARENT/GUARDIAN TWO		RELATIONSHIP TO STUDENT	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Legal Guardian <input type="radio"/> Other _____		
NAME	FIRST		MIDDLE		LAST
EMAIL ADDRESS			PHONE NUMBER		
MARITAL STATUS	<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced	<input type="radio"/> Separated <input type="radio"/> Single	NAME OF CHURCH MEMBERSHIP	ACTIVE	YES <input type="radio"/> NO <input type="radio"/>
EMPLOYER			JOB TITLE		
WORK ADDRESS			WORK PHONE		
CUSTODIAL RIGHTS?	YES <input type="radio"/> NO <input type="radio"/>	FINANCIAL RESPONSIBILITY	YES <input type="radio"/> NO <input type="radio"/>	RECEIVE CORRESPONDENCE	YES <input type="radio"/> NO <input type="radio"/>

How many additional children live in the household? _____

Section 4: FAMILY INFORMATION (Continued)

HOUSEHOLD TWO (Primary Residence) INFORMATION

(Complete this section **ONLY** if student lives in an additional residence during the school year.)

PARENT/GUARDIAN ONE		RELATIONSHIP TO STUDENT	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Legal Guardian <input type="radio"/> Other _____		
NAME	FIRST	MIDDLE	LAST		
ADDRESS	CITY		STATE	COUNTRY	
EMAIL ADDRESS	PHONE NUMBER				
MARITAL STATUS	<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced	<input type="radio"/> Separated <input type="radio"/> Single	NAME OF CHURCH MEMBERSHIP	ACTIVE	YES <input type="radio"/> NO <input type="radio"/>
EMPLOYER	JOB TITLE				
WORK ADDRESS	WORK PHONE				
CUSTODIAL RIGHTS?	YES <input type="radio"/> NO <input type="radio"/>	FINANCIAL RESPONSIBILITY	YES <input type="radio"/> NO <input type="radio"/>	RECEIVE CORRESPONDENCE	YES <input type="radio"/> NO <input type="radio"/>

PARENT/GUARDIAN TWO		RELATIONSHIP TO STUDENT	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandmother <input type="radio"/> Grandfather <input type="radio"/> Legal Guardian <input type="radio"/> Other _____		
NAME	FIRST	MIDDLE	LAST		
EMAIL ADDRESS	PHONE NUMBER				
MARITAL STATUS	<input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced	<input type="radio"/> Separated <input type="radio"/> Single	NAME OF CHURCH MEMBERSHIP	ACTIVE	YES <input type="radio"/> NO <input type="radio"/>
EMPLOYER	JOB TITLE				
WORK ADDRESS	WORK PHONE				
CUSTODIAL RIGHTS?	YES <input type="radio"/> NO <input type="radio"/>	FINANCIAL RESPONSIBILITY	YES <input type="radio"/> NO <input type="radio"/>	RECEIVE CORRESPONDENCE	YES <input type="radio"/> NO <input type="radio"/>

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 emergency. List at least two(2) who live locally.

NAME	RELATIONSHIP	CELL NUMBER	WORK NUMBER

Section 6: DECLARATION

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 may result in the rejection of my student's application or discharge from school.

Signature of Parent/Guardian

Date

Section 6: 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, national, and ethnic origin to all the rights and privileges, programs, and activities generally accorded, or made available to students at the school. We do not discriminate on the basis of race, color, national, and ethnic origin in administration of our educational policies, admissions policies, athletic, and other school administered programs, nor in the hiring of faculty and administration.

