



Kestrel Heights School
 4700 South Alston Ave., Durham, NC 27713
 919-484-1300 phone 919-484-1355 fax
 www.kestrelheights.org

Student Name: _____ Date of Birth _____
Last First Middle Social Security Number

Address: _____
Street Apt. # City/State Zip

Place of Birth: _____ Current Grade _____ Last Grade Completed _____ Gender: Male Female

Email Address: _____ I DO NOT have email: _____

Ethnicity: _____ Native American _____ Asian _____ Black _____ Hispanic _____ Multi-racial _____ White/Non Hispanic

Last School Attended: _____ (_____) _____
School Name Address City/State/Zip Phone Number w/Area Code

| Parents'/Guardians' Name(s) | Relationship | Home Phone | Employer | Business Phone | Cell Phone |
|-----------------------------|--|------------|----------|----------------|------------|
| | Mother/Stepmother | | | | |
| | Father/Stepfather | | | | |
| | Legal Guardian (attach court order) | | | | |

Emergency Contact (Other than Parent/Guardian): _____ Phone Number: _____

Family Doctor/Clinic: _____ Hospital Preference: _____ Phone Number: _____

Student's Medicaid Insurance # _____

1. Is this student eligible for Medicaid benefits NOW? _____
2. Has this student ever been eligible for Medicaid? _____
3. Is this student enrolled in Carolina ACCESS? _____

Parent's/Guardian's Signature _____ Date: _____

Please list any **allergies** (food, medicine, bee stings, etc...):

Please list any **chronic illness** (diabetes, asthma, epilepsy, etc....)

Please list any **other pertinent information** we should be aware of regarding this student:

Please list any **medications** this student is taking on a daily basis**:

****Students may carry medication on their person ONLY if they have a medication form completed and filed in the front office. Students may only carry a daily dose and may not share medication with anyone!**

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Medication Form

Student's Name: _____

I am choosing to allow the office of Kestrel Heights School to administer pain relief medication.

Please choose: _____ Acetaminophen or _____ Ibuprofen

➤ Only one dose will be administered per day.

I am choosing to allow my child to self-administer the following medication at school:

Name of Medication: _____

Amount of medication to be taken each dose: _____

Doses taken per school hours: _____

Description of medication:

Capsule _____ Pill _____ Liquid _____ Inhaler _____ Drops _____

Lozenge _____ Injection _____ Skin Medication _____

Size and Color _____

I understand that:

- My child is to bring this medication to school in its original container with only one (1) day's dose.
- It is my responsibility to assure that my child understands that the medication is not to be shared with anyone else.
- By signing this form, I am releasing Kestrel Heights School of responsibility for supervising my child's self-administration of this medication; that is, the school staff is not responsible for storing the medication, reminding my child to take the medication or for documenting that my child took the medication.
- This form is to be completed each school year and whenever my child re-enrolls in another school or program
- Each and every medication requires an individual permission form. Additional forms are available in the Kestrel Heights School front office.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

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Enrollment Permission Form

****Please initial each paragraph and sign at the bottom of them page****

PROPERTY: By signing below, I understand that I am financially responsible for any damaged or lost property belonging to KHS. This includes but is NOT limited to: textbooks, calculators, lockers, athletic uniforms, classroom furniture, bathroom facilities, computers, walls, doors and windows. At the time damage or loss occurs, a representative of KHS will meet with me to discuss fair compensation or replacement. I will also discuss this policy with my child. _____

FIELD TRIPS/ATHLETIC EVENTS: My child, _____, has my permission to attend all field trips deemed appropriate by KHS faculty for the 2009-10 school year. Trips include visits to the Ackland Museum, the Durham Public Library and others that I will be informed about by my child's teacher. Athletic events include practices and/or games of sport offered by KHS. Transportation for trips and athletic events: If the student is transported by a KHS vehicle, the school system vehicle liability coverage is applicable to any vehicular accident. _____

PHOTOGRAPH RELEASE: It is the policy of KHS that NO student will be identified by name in any publication.

YES, I give my permission to KHS to take photographs of my child, _____ during the 2009-10 school year. I understand that these photographs may be used in brochures, the KHS website and other promotional materials.

NO, I do not give my permission to KHS to take photographs of my child, _____ during the 2009-10 school year.

COMPUTER LAB: Kestrel Heights School has a computer lab with Internet access. With our limited library facilities, the computer lab is a useful tool for many assignments, especially those requiring research. Within the lab, we use Kids' Desktop software, which allows access only to the desired software for class related activities. The Internet is used throughout the year in most classes. We have established software safeguards to restrict access to inappropriate Websites; however, kids are ingenious and we know that no security system is foolproof.

Changing any password, deleting programs or going to inappropriate site on any KHS computer could have on or more of the following consequences: A failing grade for the current assignment, a failing grade for the current computer class, loss of computer privileges and/or Disciplinary actions according to the Student Code of Conduct.

My child, _____, has my permission to access the Internet at Kestrel Heights School. I have spoken with my child about the policy and we agree to abide by it. _____

Parent/Guardian signature _____

Date: _____

Student Signature _____

Date: _____

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Records Release Form

My child has enrolled at Kestrel Heights School. I am requesting that all school records are release in a timely manner. Those records should include the cumulative folder, current grades, health records, exceptional children's records, and other pertinent information. Thank you.

Student Information:

Student's Name: _____

Student's Social Security Number: _____

Date of Birth: _____

Current or Last School Attended: _____

Address of School: _____

Phone: _____

Fax: _____

I hereby authorize the release of my child's school records and other pertinent information to Kestrel Heights School.

Signature of Parent/Guardian

Date

*Kestrel Heights School does not discriminate on the basis of gender, race, religion, national origin or disability in its employment or education programs.

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Home (Primary) Language Survey

Date: _____ Grade: _____

Student Name: _____
(Family name) (First Name) (Middle name)

School: _____ Gender: _____

1. What is the 1st language you learned to speak? _____

2. What language do you speak most often? _____

3. What language is most often spoken in your home? _____

4. Besides language studied in school, do you speak any language other than English:

_____ No

_____ Yes

If yes, list the language(s): _____