

Kestrel Heights School



4700 S. Alston Ave.
Durham, NC 27713
Ph. 919-484-1300 Fax 919-484-1355
www.kestrelheights.org
Re-Enrollment Intent Form

Dear Parent/Guardian:

Now that the first semester of the school year is completed, we are beginning to make plans for the 2012-13 school year and need to know whether our current students will be returning in the fall. **Please complete the form below and return it to the front office by Friday, February 17, 2012.**

Thank you for your assistance.

It is my intention that my child _____ will attend Kestrel Heights School for the **2012-13** school year. I will inform Kestrel Heights School immediately if there is any change in my intent so my child's space can be offered to another student.

It is **not** my intention that my child _____ will attend Kestrel Heights School for the **2012-13** school year.

Please state the school your child plans on attending so we may prepare the student records for transfer: _____

Signature of Parent/Guardian

Date



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Student Name: _____
 Last First

Address: _____
 Street Apt. # City/State Zip

Email Address(s): _____

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: _____

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

Please list any **chronic illness or other pertinent information** (diabetes, asthma, epilepsy, etc...):

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

Parent's/Guardian's 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 2012-13 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 2012-13 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 2012-13 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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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 _____