



FERN RIDGE SCHOOL DISTRICT 28J
2023 KITS Enrollment Form

KITS Class :	AM	PM
<small>(Office use only)</small>		

STUDENT BASIC INFORMATION

Legal Last Name		Legal First Name		Middle Name	Suffix		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity (Check One): Hispanic/Latino/Spanish Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Birth / /	Age	Race (Select One or More): American Indian or Alaska Native <input type="checkbox"/> U.S. A person having origins in any of the indigenous peoples of the continental U.S. or Alaska. Tribal affiliation, if known: _____ <input type="checkbox"/> Latin America and Canada A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.					
Home Telephone Number ()		<input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White Language of Origin: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Language Most Used: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____					
Home Address			Apartment Number	City	State	Zip Code	
Is mailing address same as home address? <input type="checkbox"/> YES (If NO, please complete "Different Mailing Address" boxes) <input type="checkbox"/> NO			Different Mailing Address		City	State	Zip Code

PERMISSION INFORMATION *A parent may submit a change to this request, in writing to the school office, at any time during the school year.*

Photograph Release- Students in the KITS program may be photographed or videotaped during their sessions. Videotaping primarily occurs for research purposes to ensure that the KITS program is presented with fidelity to the program design. Students are primarily photographed so that the school has a visual record of the KITS program. Students in the KITS program may also be photographed for local media or for the district website. If you do not want your child's picture released to the media or for them to be videotaped, please check the box:
 I do not want my child videotaped or their photograph taken for local media or for the district website.

Walking Field Trip: Students in the KITS program may take walking field trips within a one-mile radius of the school. Parents will be informed of when these walking field trips take place. By checking below, you give permission for your child to go on a walking field trip within a one-mile radius of the school.
 I give permission for my child to go on walking field trips within a mile of the school.

Session Preference: In Fern Ridge, we have two KITS classes- usually an AM class from 9 to 11 and a PM class from 12:00 to 2:00 PM. Which do you **prefer** for your child:
 AM 9:00-11:00am **PM** 12:00-2:00pm

<p>Transportation: FRSD Provides transportation for the KITS program. The program will be at Elmira Elementary this year. Buses can pick your child up from your house and return them to your house. Or parents can opt to drive their child to KITS themselves. Will you need FRSD to provide bus transportation? <input type="checkbox"/> Yes, my child will need transportation <input type="checkbox"/> No, we will transport ourselves</p>	<p>If you need transportation, check which applies:</p> <input type="checkbox"/> My child will need transportation to the KITS program. <input type="checkbox"/> My child will need transportation home from the KITS program.
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SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Please Indicate Whether Your Child Has Attended: <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-School <input type="checkbox"/> Early Childhood Special Education				Any Concerns You Have About Your Child's Transition to A School Setting: _____ _____ _____				
What are your child's strengths? _____ _____								
Does your child have a disability? _____ If so, please describe: _____								
Is your child on an IFSP? ___ Yes ___ No Are they receiving any other kind of support?: _____ _____								
PARENT/GUARDIAN INFORMATION				<i>It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise. Is there a CURRENT restraining/court order pertaining to this student? Yes <input type="checkbox"/> No <input type="checkbox"/> *If there is a CURRENT court order limiting parental access of a noncustodial parent, you must submit a copy of such order before the school can limit that parent's access to the student.</i>				
Child primarily lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____								
Parent/ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			Last Name		First Name			
Guardian #1 <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____								
Correspondence Address			Apartment Number and Complex Name (if applicable)		City		State Zip Code	
Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO , which language?		Interpreter/Translations Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , which language?		Place of Employment		Occupation
Work Telephone Number ()		Extension	Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Telephone (if different from student) ()		Cellular Telephone Number ()		Email Address:
PARENT/GUARDIAN INFORMATION								
Parent/ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			Last Name		First Name			
Guardian #2 <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____								
Correspondence Address			Apartment Number and Complex Name (if applicable)		City		State Zip Code	
Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO , which language?		Interpreter/Translations Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , which language?		Place of Employment		Occupation
Work Telephone Number ()		Extension	Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Telephone (if different from student) ()		Cellular Telephone Number ()		Email Address:
EMERGENCY CONTACT INFORMATION								
<i>In an emergency, parent/guardians will be called 1st and 2nd unless shown otherwise below. It is assumed that any person listed as an emergency contact also has permission to transport your student.</i>								
Call? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th		Contact Last Name		First Name		Relationship (Indicate if before or after school care)		
Street Address, City, State & Zip Code			Home Telephone Number ()		Work Telephone Number ()		Extension Cellular Telephone Number () Pager Number ()	



KITS Program 2023 Student Medical Information

Student Last Name		Student First Name			KITS Class : AM PM (Office use only)	
Date of Birth / /	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Home Telephone Number ()	Date Form Completed / /	Primary Physician	
Home Address			Apartment Number	City	State	Zip Code
PARENT/GUARDIAN INFORMATION						
Parent/ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			Last Name		First Name	
Work Telephone Number ()	Extension	Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Telephone (if different from student) ()	Cellular Telephone Number ()	Pager Number ()	
PARENT/GUARDIAN INFORMATION						
Parent/ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			Last Name		First Name	
Work Telephone Number ()	Extension	Available at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Telephone (if different from student) ()	Cellular Telephone Number ()	Pager Number ()	
EMERGENCY CONTACT INFORMATION			<i>In an emergency, parent/guardians will be called 1st and 2nd unless shown otherwise below. It is assumed that any person listed as an emergency contact also has permission to transport your student.</i>			
Name			Telephone Number		Relationship	
Name			Telephone Number		Relationship	
ALLERGIES & HEALTH CONCERNS			<i>See office staff if student requires medication at school. School Personnel may contact you to obtain more information regarding your child's medical condition.</i>			
Condition: <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes/Insulin <input type="checkbox"/> Diet Controlled Other _____		Symptom(s)		Required Medication(s) - Name/Dosage of Medications that are taken regularly		LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO
Condition: <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes/Insulin <input type="checkbox"/> Diet Controlled Other _____		Symptom(s)		Required Medication(s) - Name/Dosage of Medications that are taken regularly		LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO
Allergies to Medications - Name Medication		Symptom(s)		LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO		
Allergies Other		Symptom(s)		LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO		

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____