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www.KillianOaksAcademy.com

Application for Admission

Student's Name: _____ Male: _____ Female: _____

Home Address: _____

Date of Birth: _____ Social Security Number: _____

Place of Birth _____ Citizenship: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Occupation: _____

Company: _____ Company: _____

Business Address: _____ Business Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cellular Phone: _____ Cellular Phone: _____

Email Address: _____ Email Address: _____

Are parents separated or divorced? Yes: _____ No: _____ If yes, who has legal custody? _____

With whom does the student live? _____

To whom should school correspondence be sent? _____

Student's Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name of Student's Physician: _____

Address: _____

Phone: _____ Email Address: _____

How did you learn about Killian Oaks Academy?

- Google search Other internet search Social Media
 Referred by friend/family Current or former student Other: _____

Persons to call other than parents in case of an emergency:

1. Name: _____ Relationship to Student: _____
Cellular Phone: _____ Secondary Phone: _____
Email Address: _____
2. Name: _____ Relationship to Student: _____
Cellular Phone: _____ Secondary Phone: _____
Email Address: _____

Academic History

Did your student attend a pre-kindergarten program? Yes: _____ No: _____

If yes, please describe that experience and explain significant achievements and/or difficulties:

Did your student attend kindergarten? Yes: _____ No: _____

If yes, please describe that experience in terms of adjustments and academic success. Include any difficulties they may have encountered both academically and socially:

Name of Current/Last School Attended: _____

School Years / Dates Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Why are you considering a new school? _____

Please describe your perception of your student's experience at this school. Be as complete as possible:

Has your student attended any other schools? Yes: _____ No: _____ If yes, please provide the following:

Name of School: _____

School Years / Dates Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Reason for Transferring: _____

Name of School: _____

School Years / Dates Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Reason for Transferring: _____

Has your student ever repeated a grade(s)? Yes: _____ No: _____ If yes, please list grade(s): _____

Has your student ever been dismissed from any school? Yes: _____ No: _____ If yes, please explain:

Please select the applicable areas that your student experiences scholastic difficulties (select all that apply):

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Spelling | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Writing Process | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Speech | <input type="checkbox"/> Other: _____ |

Provide Additional Comments:

Has your student presented any behavioral management difficulties at school? Yes: _____ No: _____

If yes, please explain:

Has your student completed a Psychoeducational Evaluation? Yes: _____ No*: _____

If yes, please attach a copy of the evaluation to this application, and complete the following:

Name of Evaluator: _____ Date(s) Evaluated: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

*Please note that all students must have a current Psychoeducational Evaluation on file prior to their first date of attendance.

I hereby give Killian Oaks Academy permission to contact any of the schools, agencies and individuals I have listed above for the purpose of educational evaluation. I understand that this information will be held in strict confidence and will not be forwarded to any persons without my permission.

Signature of Mother (or Legal Guardian): _____ Date: _____

Signature of Father (or Legal Guardian): _____ Date: _____

Developmental and Medical History

Birth

Were there any significant difficulties during pregnancy and/or birth? Yes: _____ No: _____

If yes, please explain:

Developmental and Medical History
(continued)

Early Development

Please provide the ages when your student achieved the following developmental milestones:

Crawling: _____ Walking: _____ Toilet training: _____ Speaking: _____
Speaking in sentences: _____ Riding a bicycle: _____ Tying shoes: _____

Health Professionals (including psychiatrists and psychologists) who have treated or who are presently treating your student:

Name: _____ Specialty: _____ Phone: _____
Name: _____ Specialty: _____ Phone: _____
Name: _____ Specialty: _____ Phone: _____

Does your student take medication? Yes: _____ No: _____ If yes, please complete the following:

Medication: _____ Dose: _____ Times per day _____

Purpose: _____

Medication: _____ Dose: _____ Times per day _____

Purpose: _____

Will it be necessary for the school to administer medication? Yes: _____ No: _____ If yes, the *Authorization for Medication* form must be completed prior to the student's first date of attendance.

Please list and describe any major illnesses your student has experienced:

Please describe any major injuries your student has received:

Has your student ever experienced convulsions/seizures? Yes: _____ No: _____ If yes, please describe:

Has your student ever been hospitalized? Yes: _____ No: _____ If yes, please explain:

Does your student have any allergies? Yes: _____ No: _____ If yes, please list specific allergies, and explain what precautions the school should be expected to take:

Highest fever ever experienced: _____ Date: _____ Reason: _____

Social and Emotional Development

Peer Relationships

What age range are the children with whom your student typically plays? _____

How does your student get along with friends at home? _____

How does your student get along with friends at school? _____

Does your student successfully entertain him or herself? Yes: _____ No: _____ Please explain:

Does your student sleep well? Yes: _____ No: _____ If no, please describe:

What do you feel are your student's strengths?

What do you feel are your student's best qualities or talents?

Describe any emotional difficulties you feel your student may be experiencing:

Describe any behaviors that concern you:

Please select the applicable attention-related behaviors that your student experiences (select all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Difficulty staying in seat | <input type="checkbox"/> Does not complete tasks | <input type="checkbox"/> Has short memory |
| <input type="checkbox"/> Is easily distracted | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Behaves impulsively |
| <input type="checkbox"/> Is overactive | <input type="checkbox"/> Is underactive | <input type="checkbox"/> Difficulty processing |

Please select the applicable interpersonal behaviors that your student experiences (select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Tries to dominate | <input type="checkbox"/> Avoids competition | <input type="checkbox"/> Is aggressive |
| <input type="checkbox"/> Is easily led | <input type="checkbox"/> Is not vocal | <input type="checkbox"/> Threatens others |
| <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Does not participate | <input type="checkbox"/> Has poor peer relations |

**Social and Emotional Development
(continued)**

Please select the applicable personal behaviors that your student experiences (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Worries excessively | <input type="checkbox"/> Talks compulsively |
| <input type="checkbox"/> Uses profanity | <input type="checkbox"/> Seems unhappy | <input type="checkbox"/> Wets bed |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Stutters | <input type="checkbox"/> Bites nails |
| <input type="checkbox"/> Is moody | <input type="checkbox"/> Is bashful / shy | <input type="checkbox"/> Wrings or flaps hands |
| <input type="checkbox"/> Is destructive | <input type="checkbox"/> Seems tense | <input type="checkbox"/> Is nervous/jumpy |
| <input type="checkbox"/> Is dishonest | <input type="checkbox"/> Fears school | <input type="checkbox"/> Is easily frustrated |

Describe any speech difficulties your student exhibits:

Write a brief description of your concerns for your student:

I/We certify that this information is complete and correct. I/We also understand that all information supplied is confidential and will not be released to any other agency without permission.

As the parent(s) / legal guardian(s) of this student, I/we understand and accept the responsibility for all charges, tuition, and fees incurred. I/We further understand that all payments are processed electronically through Killian Oaks Academy's tuition management company.

Signature of Mother (or Legal Guardian): _____ Date: _____

Signature of Father (or Legal Guardian): _____ Date: _____

If the child has a legal guardian, a copy of the court order appointing him or her guardian must be submitted with this application.

Prior to the student's first date of attendance, the following must be completed and submitted along with this completed application:

Current and original School Entry Health Exam form (DH Form 3040); current and original Health / Immunizations record (DH Form 680); copy of birth certificate; copy of social security card; current Enrollment Contract; applicable transfer information including, but not limited to, report cards, official transcripts, and standardized test results.

Killian Oaks Academy welcomes students of all races, religions, genders, gender orientations, and national origins. Likewise, The Academy does not discriminate in any way or with any policy, including admissions.