



APPLICATION FOR ADMISSION

STUDENT INFORMATION

STUDENT NAME

FIRST

MIDDLE

LAST

HOME ADDRESS

HOME TELEPHONE

DATE OF BIRTH

GENDER

PROGRAM (please select)

Half Day Schedule:
8:30 a.m. to 1 p.m.

Full Day Schedule:
8:30 a.m. to 3:30 p.m.

Before Care:
7:00 a.m. to 8:30 a.m.

After Care:
3:30 p.m. to 6:00 p.m.

Preschool (For students who will turn 2.5 before the start of school)*

- Half Day 5-day Full Day 5-day Before Care 5-day After Care 5-day
 Half Day 3-day Full Day 3-day Before Care 3-day After Care 3-day

Pre-Kindergarten (For students who will turn 4 by September 30)*

- Full Day 5-day Before Care 5-day After Care 5-day
 Full Day 3-day Before Care 3-day After Care 3-day

Kindergarten (For students who will turn 5 by September 30)*

- Full Day Before Care After Care

**Exceptions may be granted at the discretion of the school.*

PARENT/GUARDIAN INFORMATION

ENROLLING PARENT/GUARDIAN

FIRST M.I. LAST

RELATIONSHIP TO STUDENT _____

ADDRESS (If different from student's) _____

HOME PHONE (If different from student's) _____

CELL PHONE _____

EMAIL _____

EMPLOYER _____

WORK PHONE _____

PARENT/GUARDIAN

FIRST M.I. LAST

RELATIONSHIP TO STUDENT _____

ADDRESS (If different from student's) _____

HOME PHONE (If different from student's) _____

CELL PHONE _____

EMAIL _____

EMPLOYER _____

WORK PHONE _____

Kay School promotes diversity and does not discriminate in its admission policies. Kay School reserves the right to cancel any class because of inadequate enrollment. Students must be potty trained.

STUDENT HISTORY Continue responses on back as needed or create a separate document

Describe your child's temperament/personality: _____

What are your child's greatest strengths? _____

What does your child find challenging? _____

Has your child had any educational testing, medical screenings or developmental evaluation? _____

If yes, please elaborate. _____

Check here if your child has received neuropsychological testing or has otherwise qualified for an IEP or 504 plan. Please attach to this application a copy of any additional paperwork you have.

What languages are spoken in your home? _____

Please provide any additional comments about your child that may be helpful. _____

Why have you chosen Kay School for your child? _____

How did you hear about Kay School? _____

I (we) have read both sides of this document, agree with the terms, and wish to enroll our child in the program indicated above. All information provided herein is confidential and will only be disclosed to school personnel. No relevant information has been knowingly withheld or misrepresented.

Enrolling Parent/Guardian Signature

Parent/Guardian Signature

Print Name

Date

Print Name

Date

Questions? Call 703.264.9078 or email info@kayschool.com
Return the completed and signed form with a \$75 application fee to
Kay School or mail to: Kay School, Attention: Admissions
3005 Dower House Drive, Oak Hill, VA 20171

NOTE: Application Fee waived for families currently enrolled at Kay School