**Please have these required items**

**Valid Government issued I.D. (driver’s license, State ID)**

**Childs Social Security Card**

**Proof of residency (Utility bill, rental agreement)**

**Proof of income**

**Child’s birth certificate/ Affidavit of live birth**

**Child’s immunization records**

**Childcare Form (if parent or guardian is eligible)**

**Request for change of provider (if the child will be transferring from another center)**

**Current Transcript from the previous institution**

**KWANZAA HAMILTON ACADEMY ENROLLMENT APPLICATION**

**2022-2023 School Year**

**1130 S. Canal Street, Chicago, IL 60607**

**Deiija Hamilton: Principal**

**Kenya Lloyd: Assistant Principal**

**Student Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_/\_\_\_/\_\_\_\_ **Gender**: \_\_\_\_\_\_\_\_ (**M: Male/ F: Female**)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Race/EthnicityPlease Circle One | AfricanAmerican | White(Non-Hispanic) | AmericanIndianAlaskan Native | Asian/PacificIslander | Other |  |

**Parent 1/Guardian Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work/Cell Phone: \_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ zip code: \_\_\_\_\_\_\_\_\_\_\_**

**Parent 2/Guardian Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work/Cell Phone: \_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact**

**Contact Person’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_**

**Please list the names of personnel allowed to pick up and drop students off**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does the child have any relatives that currently attend KH Academy? If yes, please list their names. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Information**

**Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Current Grade Level:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CPS/Charter School 9-Digit ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach a certified transcript in addition to filling in the information below.**

|  |  |  |
| --- | --- | --- |
| **Performance Information** | **Subject** | **Final Grade (A-F) / Totals (Numerical)** |
|  | **Conduct/Behavior** |  |
|  | **Reading** |  |
|  | **Math** |  |
|  | **Science** |  |
|  | **Social Science** |  |
|  | **# Of days absent** |  |
|  | **# Of Excused Absences** |  |

 **Does the student receive special education services?** **Yes/No** If yes, please attach a copy of an IEP or a 504 form for educational programming purposes. This allows us to better serve your child.

|  |
| --- |
| **Bilingual Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ELL Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Language:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- |

**By signing this document, you agree that all of the information listed above is true and accurate based on your knowledge.**

It is the policy of the Board of KH Academy and the City of Chicago not to discriminate on the basis of race, color, creed, religion, national origin, age, disability, or sex. If you have any questions in regard to the application of Title IX of the Education amendments of 1972 and the regulations promulgated there concerning sex discrimination, seek further information at the Title IX Office Kwanzaa Hamilton Academy encourages students with special needs and in bilingual programs to apply. All students must have a grade of “C” or better in both reading and mathematics.

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

KH Academy Use: Approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Denial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Assistant Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_