



*Training Heirs of  
the Covenant for  
Kingdom Service*

# KIRK DAY SCHOOL APPLICATION FORM

12928 Ladue Road, St. Louis, MO 63141 (314-434-4349)

(Please type or print)

YEAR \_\_\_\_\_

APPLYING FOR (Please check the appropriate box):

Beginners (2 day program; must be 3 years old by August 1)

Pre-Kindergarten (3 day program; must be 4 years old by August 1) - Half Day Session  Full Day Session

Jr. Kindergarten (5 day program) - Half Day Session  Full Day Session

Kindergarten - Half Day Session  Full Day Session

Elementary Grades - 1  2  3  4  5  6

Special Services Classes - Grades 1-2  Grades 3-4  Grades 5-6

Child's Legal Name (first, middle, last) \_\_\_\_\_  Boy  Girl

Child prefers to be called: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street

City

Zip

Father's Name \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: Mother's: \_\_\_\_\_ Father's: \_\_\_\_\_

Siblings: Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Contacts in an Emergency other than parents/guardians:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Previous school attendance record (beginning with MOST RECENT school):

GRADE                      SCHOOL NAME                      ADDRESS                      PHONE

Church/Sunday School Child is attending \_\_\_\_\_

Church Membership of: Father \_\_\_\_\_ Mother \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_ Fears \_\_\_\_\_

Comments \_\_\_\_\_

(If more room is needed, please write on a separate sheet of paper and attach.)

## REGISTRATION FEES

### NEW STUDENT

· \$50.00 NON-REFUNDABLE Application Fee

· \$250.00 Tuition Deposit (Per child)

**\$300.00 TOTAL REGISTRATION FEE**

### RETURNING STUDENT

· \$50.00 NON-REFUNDABLE Application Fee

· \$200.00 Tuition Deposit (Per child)

**\$250.00 TOTAL REGISTRATION FEE**

The Registration Fee applies to each child enrolling at the Kirk Day School and is due with the Enrollment Application. The *Application Fee* portion is non-refundable. The *Tuition Deposit* portion of the fee will be refunded if the child is unable to be enrolled at The Kirk Day School. **No portion of the**

**Registration fee will be refunded after May 1<sup>st</sup> of year of application.** OFFICE USE ONLY: Application Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

To receive Kirk membership priority enrollment, at least one parent must have a record of regular Worship attendance (at least 50%), as of March 1<sup>st</sup>.

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION

• Please check if your child has an educational diagnosis in one of the following areas:

- |                                                |                                                                  |                                                     |
|------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Emotionally Disturbed/Behavior Disorder | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Speech/Language Disorder                | <input type="checkbox"/> Academically Gifted        |
| <input type="checkbox"/> Other: _____          | Date of most recent evaluation: _____                            |                                                     |

“The Kirk of the Hills Christian Day School assists the Christian parent in the nurture of covenant children, educating them in a Christian world and life view, according to the truth of God’s Word, equipping them to be disciples of Christ, impacting His world.” A written testimony of who Christ is and what He means in your life must accompany this application. If you have any questions about the Testimonies, please call the school office (314-434-4349) and ask for the Director of Admissions.

**FATHER’S TESTIMONY:**

Father’s signature: \_\_\_\_\_

**MOTHER’S TESTIMONY:**

Mother’s signature: \_\_\_\_\_

If more space is needed, please use separate sheet and attach.

Mother  Father chooses not to give Testimony