



KUUMBA ACADEMY CHARTER SCHOOL

519 N. Market Street ♦ Wilmington, DE ♦ 19801

Telephone (302) 472-6450 ♦ FAX (302) 472-6452

APPLICATION FOR ENROLLMENT SCHOOL YEAR 2010-2011

Applying for Grade: _____

Please print clearly or type all information. Complete all areas.

Student Name: _____
Last First Middle

Student's Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____
(Child must be 5 years of age by August 31, 2010)

What is the primary language spoken at home? _____

Who speaks the primary language at home? _____

What other language(s) is/are used in your home? (Do not include languages learned in school.) _____

Parent(s)/Guardian(s) Name

Student Resident Address:

Please check any that apply

- Both Parents in home
- Parents divorced/separated
- Joint custody, if so please provide address of other parent for school mailings?

- If not joint custody, please identify who has custody _____
- Single parent household
- Parent deceased ___ Father ___ Mother

Home Number (____) _____ Work Number (____) _____ Cell Phone Number (____) _____

Home Email Address _____

Business Email Address _____

Siblings currently enrolled at Kuumba Academy (Names and grades please): _____

Siblings also applying for Kuumba Academy, (Please provide complete a separate application for each child.)

Name: _____ Date of Birth: _____ Current Grade: _____

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Resident Public School District: _____ School Presently Attending: _____

Last grade completed: _____

Does your child have a 504 plan, and IEP, or otherwise receive special services? Yes _____ No _____

If yes, please describe: _____
(This information will not be used to discriminate against any potential student.)

Has your child been recommended for or placed in any alternative setting in the past two years? _____

If YES, please explain: _____

Has your child had repeated discipline issues at his/her previous school? _____

If YES, Please explain: _____

Does the student meet distance requirement for transportation (1 mile or more from 6th and Market)? Yes _____ No _____

Are you interested in "Before" or "After" School Care for your child(ren) (fees apply) Yes _____ No _____

A copy of the child's birth certificate (with official seal), **social security card** (parent and child), **current immunization, health assessment** (signed by physician/health provider within 12 months), **last report card, Delaware Testing Program scores (DSTP 2nd thru 5th grade only) must be provided with application. Applications without required documents are considered incomplete and will not be considered. Any guardianship or custody papers must also be provided.**

In signing this application, I give Kuumba Academy Charter School consent to obtain Childfind screening and or any other testing programs scores.

If a student is not promoted at his/her current school, a new application must be submitted for the correct grade level. If this occurs after the selection process, that student will be placed at the end of the waiting list for the correct grade level.

I attest that the above information is correct and I acknowledge and agree that if the above information is not correct, the application and enrollment become null and void.

Parent Signature _____ Date ____/____/____

PLEASE NOTE: Initial contact regarding acceptance will be by telephone, It is the obligation of the candidate to notify the school of the telephone numbers or address of the applicant changes. Failure to do so may be deemed a withdrawal of your application.