



May 9, 2018

Dear Parent/Guardian:

Congratulations and Welcome to The Kingdom Charter School of Leadership!

We are excited to have you and your child joining The Kingdom family and we look forward to partnering with you in your child's educational journey. Enclosed please find the necessary documents for enrollment at The Kingdom. Also, there are some things we need for you to complete in order to ensure successful enrollment.

1. For Parents of Kindergarten Students **OR** Students Currently Enrolled in Private, Christian or Parochial Schools: Prior to enrollment at The Kingdom, you must **FIRST** register your child at the school or home district he or she would have attended and then request a **TRANSFER CARD** from the school or home district into The Kingdom Charter School of Leadership. When you register your child at the school or home district, please note that you are required to provide the following documents: (a) Original Birth Certificate; (b) Two Proofs of Residency; and (c) Immunization Records. Whatever documents you take, please make a copy for The Kingdom as we will need a duplicate of same.
2. For Parents of Students Other Than Kindergarten: Prior to enrollment at The Kingdom, you must request a **TRANSFER CARD** from your child's current school.

Please be advised that some school districts do not process Transfer Cards until after the last day of school. Therefore, in your enrollment packet from The Kingdom is a Transfer Card Promissory notifying us that as soon as the school releases the Transfer Card to you, you will forward same to The Kingdom. Please note that **ALL** required enrollment documents must be received at The Kingdom Charter School of Leadership by **Friday, August 10, 2018**. Failure to complete the enrollment process in a timely fashion may result in forfeiture of your child's admission to The Kingdom Charter School of Leadership.

If you have any questions during the summer months, please note that our office hours from June 25 through August 31, 2018 are as follows:

Mondays – Fridays

7:00 a.m. – 4:30 p.m.

Beginning September 4, 2018, we resume our normal office hours: Monday-Friday 7:00 a.m. – 6:00 p.m.

For your information, below are important dates prior to the school's opening for the 2018-2019 school year:

August 7, 2018

New Student Orientation
4:00 p.m.

September 4, 2018

First Day of School

If you have any questions or concerns, please do not hesitate to contact our Erin Chance, Registrar at echance@thekingdomcharter.org. Once again, welcome to The Kingdom Charter School of Leadership and thank you for joining us as we endeavor to *“Educate and Empower the Next Generation of Leaders.”*

Thank you.

Sincerely,

Edward Green
Principal
Kingdom Charter School of Leadership



We are interested in learning how our new families learn about The Kingdom School of Leadership and what draws them to our community. For those reasons, we would appreciate it if you would please answer the following two questions.

1. **How did you hear and learn about The Kingdom Charter School of Leadership?**

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> School Open House | <input type="checkbox"/> The Kingdom Charter School Website |
| <input type="checkbox"/> School Brochure | <input type="checkbox"/> Saw Banner at School |
| <input type="checkbox"/> Postcard in your mailbox | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> School Flyer in | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Newspaper Article/Ad | <input type="checkbox"/> School Fair |
|
<input type="checkbox"/> Referral (By Whom _____) | |
|
<input type="checkbox"/> Other (Please specify _____) | |

2. **What is the most important factor for why you have chosen to enroll your child(ren) at The Kingdom Charter School of Leadership?**

(Check one option only)

- | | |
|---|--|
| <input type="checkbox"/> Location | <input type="checkbox"/> ELA and/or Math Curriculum |
| <input type="checkbox"/> School Hours (8 AM – 4 PM) | <input type="checkbox"/> Leadership curriculum |
| <input type="checkbox"/> School Community | <input type="checkbox"/> Overall academic profile |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> School Leadership |
| <input type="checkbox"/> Full-day Kindergarten | <input type="checkbox"/> Renaissance School Services Partnership |
| <input type="checkbox"/> Other (Please specify _____) | |

3. **Do you/your child have access to a computer at home?**

- YES NO



The Kingdom Charter

S C H O O L O F L E A D E R S H I P

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ENROLLMENT FORM 2018-2019 SCHOOL YEAR

Grade Entering 2018-2019:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 3rd Grade |
| <input type="checkbox"/> 1st Grade | <input type="checkbox"/> 4th Grade |
| <input type="checkbox"/> 2nd Grade | <input type="checkbox"/> 5th Grade |

Name of Student _____
(Last Name) (First Name) (Initial)

Student's Address _____
(House/Apt. #) (Street Name) (City) (State) (Zip)

Student's Mailing Address (If Different From Above)

Home Telephone #:(_____) _____ Sex _____ (M/F) Date of Birth _____

Place of Birth _____
(City/Town) (State) (County)

Section of Gloucester Township (Name of Development if Applicable) _____

Race – Please select **one of the following:**

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hawaiian Native |
| <input type="checkbox"/> Two or More Races | |

Language spoken by parents/guardians? _____

Does your child speak another language other than English? _____ Yes _____ No

What Language? _____

English is spoken and understood by the consenting adult enrolling the student. _____ Yes _____ No

Did your child receive special services or participate in special programs at a previous school?

() Yes () No

If yes, please explain:

Does your child have an IEP?

() Yes () No

If yes, please explain:

Does your child receive any special services outside of school?

() Yes () No

If yes, please explain:

Father/Guardian:

Name & Physical Address _____

Mailing Address (If Different From Above) _____

Home #: (If Different From Above) (_____) _____ Cell Phone #:(_____) _____

Work#:(_____) _____

Email Address: _____

Mother/Guardian:

Name & Physical Address _____

Mailing Address (If Different From Above) _____

Home #: (If Different From Above) (_____) _____ Cell Phone #:(_____) _____

Work#: (_____) _____

Email Address: _____

Name of Person Enrolling Student _____

(Last Name)

(First Name)

(Initial)

Relationship to Student _____

Home #: (If Different From Above) (_____) _____ Cell Phone(_____) _____

Work #: (_____) _____

Emergency Contact _____

Home #: (If Different From Above) (_____) _____ Cell Phone(_____) _____

Work #: (_____) _____

Has your child ever attended Gloucester Township Schools before? _____ Yes _____ No

If yes, please indicate which school _____

In the event my child transfers to or from the district, I authorize my previous district of the Gloucester Township District to release permitted records to the administrative officials of the school within ten (10) days after the transfer has been verified by the present district and I acknowledge that mandated student records will be forwarded to the administrative officials of the school in a similar manner.

Signature of Consenting Adults



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TRANSFER CARD PROMISSORY

At The Kingdom Charter School of Leadership, we recognize that the communication between the school and parent is essential in completing the paperwork for enrollment. We understand that when enrollment is done before the start of a *new school year*, the "TRANSFER CARD" is a document that the parent/guardian cannot obtain until the child has finished the school year with the *old school*.

The "TRANSFER CARD" is an important document that is needed to **COMPLETE** the enrollment process. The TRANSFER CARD can be obtained any time after the completion of the school year (at the old school) usually during the last day of school or the summertime.

We ask the parent/guardian to remember that you still have to provide us with the TRANSFER CARD no later than **AUGUST 10, 2018**. The TRANSFER CARD makes it official that your child is a student at our school and is enrolled with us.

I, the parent or guardian of an incoming student at The Kingdom Charter School of Leadership, certify that as a parent/guardian I understand that I must provide a TRANSFER CARD in order for my student to attend The Kingdom Charter School of Leadership. Failure to provide this document may forfeit the child's seat at The Kingdom Charter School of Leadership.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE



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AFFIDAVIT

Note: Use only if you live or rent from other persons in which property is in their name only

State of New Jersey:

County of Camden:

PERSONALLY came and appeared before me, the undersigned Notary, the within named _____, who is a resident of Camden County, State of New Jersey, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge.

I, _____ live with/rent from _____ located at _____.

Dated this _____ day of _____, 2018.

Signature of Affiant

SWORN to and subscribed before me this _____ day of _____, 2018.

NOTARY PUBLIC

My Commission Expires:



REQUEST FOR STUDENT RECORDS

TO: _____

Please forward the following records for the student named below, who has transferred into our school.

- _____ Immunization, health records, and birth certificate
- _____ Results of standardized tests
- _____ Record of grades earned during current year to date of withdrawal
- _____ Attendance record
- _____ Psychological, sociological, and educational evaluations, or any special education placement
- _____ Other important data

Your immediate attention regarding this request will be greatly appreciated.

Sincerely,

Edward Green
School Principal

Authorization to Release Student Records

I have enrolled my child in The Kingdom Charter School of Leadership and thereby authorize you to release all mandated, permitted student records, Child Study Team evaluations, discipline records and health records to this school.

Student Name: _____ Grade: _____ D.O.B.: ____/____/____

Parent/Guardian Signature: _____ Date: _____



The Kingdom Charter

S C H O O L O F L E A D E R S H I P

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STUDENT HEALTH HISTORY

(To Be Completed By Parent/Guardian)

Child's Full Name: _____

(Last)

(First)

(Initial)

Grade: _____

Date of Birth: _____

Sex: _____ Male _____ Female

Family Doctor's Name: _____ Family Doctor's Phone #: _____

Child Lives With: _____ *(i.e. mother, father, grandparent, etc.)*

HEALTH HISTORY

(Please Provide Dates Where Known)

Has your child had any of the following?

	Yes	No	Date		Yes	No	Date
Measles				Scarlet Fever			
German Measles				Rheumatic Fever			
Mumps				Kidney Problems			
Chicken Pox				Otitis Media (ear infection)			
Whooping Cough				Strep Infection			
Polio				Hepatitis			
Diabetes				Meningitis			
Asthma				Convulsive Disorder			
Pneumonia				Nose Bleeds			

Has your child?

	Yes	No
1. Had more than 6 colds or throat infections each year?		
2. Had more than 3 ear infections?		
3. Had trouble hearing?		
4. Ever had tubes inserted in ears surgically?		
5. Ever worn hearing aids?		
6. Ever had trouble seeing?		
7. Ever worn contact lenses?		
8. Ever worn glasses?		
9. Ever had vision tested?		
10. Had any trouble with his/her teeth?		
11. Seen a dentist regularly?		
12. Had trouble passing his/her urine?		
13. Ever had a convulsion or fainting spell?		
14. Had any other diseases or illnesses? If so, name them: <hr/> <hr/> <hr/>		

15. Had to stay in the hospital overnight? Yes No

Age: _____ Hospital: _____

Reason: _____

16. Has your child ever had any serious accidents? Yes No

Burns Poisoning Broken Bones Cuts requiring a Doctor

Other Explain: _____

Are you concerned about any of the following: *(Please check all that may apply)*

Bad Temper Doesn't Obey Holds Breath

Jealousy Thumb Sucking Problems Sleeping

Nail Biting Stuttering Bedwetting

Emotional Problems Inability to Control Bowels

Has your child ever been diagnosed as having a heart problem or heart murmur? ____Yes ____No

If so, are there any restrictions?

1. _____
2. _____

Has your child ever had?

	Yes	No		Yes	No
Wheezing			Sinus Problems		
Eczema			Hay Fever		
Hives			Reaction to Medicine		
Asthma			Reaction of Injections		

If yes, please describe reaction:

Does your child have allergies? ____Yes ____No Type: _____

Has your child ever been treated for allergies? ____Yes ____No

DOES YOUR CHILD HAVE ANY OTHER ILLNESSES OR MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF?

(If so, please state)

Does your child take any medication on a regular basis? *(i.e. allergy shots, Phenobarbital, Ritalin, etc. If so, please list below)*

Development History

1. Pregnancy and Birth

- a. Did mother have any illness during pregnancy? Yes No
- b. Delivery was on due date? *(If no, please explain)* Yes No
- c. Was delivery normal? *(If no, please explain)* Yes No

Explanation:

- d. Did the child have any difficulty during or after delivery? Yes No
- e. Any trouble starting to breathe? Yes No
- f. Child's birth weight? lbs. oz.

Any other significant facts about your child?



Dear Parent/Guardian:

During the school year, your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in educational workshops, classes or conferences.
- Student may use the internet during school hours/activities.
- Used as sample project/activity on CD's or videos created by The Kingdom Charter School of Leadership for use in education workshops and student classrooms.
- Posted on The Kingdom Charter School of Leadership's web page on the internet.
- Submitted as samples to program publishers or as contest entries to sponsors
- Videotaped to appear in a school-related program or news broadcast to be used by a local television station or school/county project.
- Used in a printed publication such as a newspaper, magazine or yearbook.

Your child's name or address **WILL NOT** be included with your child's picture when publishing on the Web. There is no monetary compensation for the use of the work, but it will help many teachers get more use out of their computers, and show other students a good example of what can be.

Please sign the release form below and return to The Kingdom Charter School of Leadership. Your permission grants us approval to publicize without prior notification and remain in effect until revoked.

RELEASE FORM

_____ I DO give permission for _____'s image, photograph or school work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

_____ I DO NOT give permission for _____'s image, photograph or school work to be used as described above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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STUDENT EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ Initial: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Telephone #: _____

Cell Phone #: _____

To Parent or Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you give the following information for emergency telephone calls.

NAME	ADDRESS	TELEPHONE NUMBERS
Mother:		
Father:		

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: _____

Name: _____

Home/Cell #: _____

Home/Cell #: _____

Restrictions: _____
(Type)

Doctor: _____ Telephone #: _____

Dentist: _____ Telephone #: _____

Hospital: _____ Telephone #: _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian

Date: _____



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STUDENT PICK-UP/RELEASE AUTHORIZATION FORM

Name of Student: _____

Grade: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Authorized to Pick-Up Student

Please list below all persons, besides parents/guardians, who are authorized to pick up your child from school.

NOTE: For your child's safety, all authorized persons will be asked to show photo identification. Please inform the persons on this list in advance of this precautionary measure. Persons may be added to this list or removed at any time, just inform the office of any changes to this form.

Name	Relation	Telephone/Cell Phone #

Not Authorized to Pick Up Student:

Name	Relation	Telephone/Cell Phone #

Please initial all that apply below:

_____ My child may be released ONLY to one of the authorized listed people.

_____ I may occasionally send a friend or relative to pick up my child. If so, I will notify the office by phone or in writing on the day of the change.

_____ I give my child permission to walk or bike home after school.

NOTE: Your child WILL NOT be released to anyone who is not authorized. Authorization will be determined based on this form submitted by the parent/guardian. It is the parent's/guardian's responsibility to keep this information current.

Parent/Guardian Signature(s): _____

Date: _____