

STUDENT APPOINTMENT

Date _____
Time _____
Location _____
Person _____

KAC
202 South Dayton Street
Kennewick, WA 99336-5601
509. 222-6552



Kennewick Alternative Center Application

Home of the Thunderbirds

Boundary School

Kamiakin Kennewick Southridge Last School Attended _____
 Desert Hills Highlands Park Horse Heaven Hills

Demographics

Student ID Number: _____ Male _____ Female _____
Legal Student Name: (First) _____ (Middle) _____ (Last) _____
Birthdate: _____ Age: _____ Current Grade Level: _____
Legal Parent/Guardian Name(s): _____
Street Address: _____
(City) _____ (Zip Code) _____
Phone: (Home) _____ (Work) _____ (Cell) _____
(Message) _____ (Contact Message Name) _____

Current School _____ Years attended _____
Previous School _____ Years attended _____
Previous School _____ Years attended _____
Previous School _____ Years attended _____

Languages spoken in the home _____ **Ethnicity** _____

How did you hear about us? _____

Additional Services Currently Provided

Special Education Reading Math
 Bilingual ELL Free/Reduced Meals Physical Education/Health
 Section 504 Other _____

Medical Information

Is immunization record on file? Yes No
Are immunizations current? Yes No
Student Health History? Yes No

Cumulative File Folder with Medical/Discipline Records Attached Yes No

If Cumulative File Folder not attached, please send a copy of

Current Transcript Immunization/Medical Record Attendance Record
 Discipline Profile Placement Tests IEP

Counselor's Name _____ Date _____

Building Principal's Signature _____ Date _____