

**PRE-K4 Applicants**

## PARENTAL PERMISSION FOR RELEASE OF RECORDS

Applicant's Full Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**TO THE APPLICANT'S FAMILY:**

Please submit this form to your child's current school after completing the information on this page. Both Principal Recommendation Form and Teacher Recommendation Form will be used only for the admissions process and will not become part of the student's permanent school record. Recommendation Forms must be emailed directly from the applicant's current school to KLA Academy Admissions Department. Recommendation Forms delivered by the parents or guardians will not be accepted. I hereby grant permission for the release of my child's records and information about my child to KLA Academy. I will not seek access to the confidential recommendations, evaluation materials, and information provided by my child's current school at any time.

\_\_\_\_\_  
Current School Name\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Current School Address

(STREET)

(CITY)

(STATE)

(ZIP)

**TO THE CURRENT SCHOOL:**

Please return this form directly to **KLA Academy Enrollment Management Office** by **Friday, February 18th, 2022**.

Email to: **admissions@klaacademy.org**

Records to be released:

1. Academic Records (Grades and attendance records from current and previous school year)
2. Principal and Teacher Recommendation Forms

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YY

**PRE-K4 Applicants****PRINCIPAL RECOMMENDATION FORM**

For Applicants to KLA Academy

Applicant's Full Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**TO THE CURRENT SCHOOL PRINCIPAL:**

The student above is applying for admission to KLA Academy. Please assess the student and family in the following areas. We appreciate your time and effort in supporting us in the process of getting to know this applicant. The information provided will be confidential. After completing the form, please email it directly to KLA Academy Admissions Department, [admissions@klaacademy.org](mailto:admissions@klaacademy.org) by **Friday, February 18th, 2022**.

1. How long have you known the applicant? \_\_\_\_\_

2. How would you describe this child? \_\_\_\_\_  
\_\_\_\_\_3. Is the applicant eligible to re-enter your school next term?  Yes  No

If not, please explain: \_\_\_\_\_

4. Has the applicant been suspended from your school?  Yes  No5. Has the applicant been expelled from your school or withdrew during an investigation or in lieu of expulsion?  
 Yes  NoPlease explain any "yes" answers on questions 4 and 5. We appreciate your comments to support our admissions process. \_\_\_\_\_  
\_\_\_\_\_6. Do the parents meet financial obligations in a timely manner?  Yes  No

If not, please explain: \_\_\_\_\_

7. Do the parents participate in school-related activities?  Yes  NoYour comments regarding this applicant and family participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_8. Is there anything you prefer to discuss by telephone?  Yes  NoName: \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Position \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Name \_\_\_\_\_ Address (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PRE-K4 Applicants****TEACHER RECOMMENDATION FORM**

For Applicants to KLA Academy

Applicant's Full Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**TO THE CURRENT TEACHER OF THE APPLICANT:**

The student above is applying for admission to KLA Academy. Please assess the student in the following areas. We appreciate your time and effort in supporting us in the process of getting to know this student. The information provided will be confidential. After completing the form, please email it directly to KLA Academy Admissions Department, [admissions@klaacademy.org](mailto:admissions@klaacademy.org) by **Friday, February 18th, 2022**.

1. How long have you known this student? \_\_\_\_\_

2. How would you describe this child's transition into your classroom? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Mention words or phrases that best describe this student: \_\_\_\_\_

\_\_\_\_\_

4. Please mention any areas in which this student may need extra assistance or support: \_\_\_\_\_

\_\_\_\_\_

5. Is English a secondary language?  Yes  No

If answer is yes, please describe how well the student is able to perform in an atmosphere where English is the primary language:

\_\_\_\_\_  
\_\_\_\_\_

**PRE-K4 Applicants**

AREAS OR COMPETENCIES	ALWAYS	OFTEN	ON OCCASION	SELDOM	N/A
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**SOCIAL/EMOTIONAL DEVELOPMENT**

Shows respect for peers and teachers					
Displays self control					
Follows class and school rules					
Pays attention in group settings					

**LANGUAGE ARTS DEVELOPMENT**

Speaks in complete sentences					
Participates in class dialogues					
Recognizes and writes own name					
Associates some letters and their sounds					
Writes his/her name					

**MATHEMATIC DEVELOPMENT**

Identifies and matches colors					
Identifies and names basic shapes					
Is able to count objects from 1-5					
Is able to identify numbers from 1-5					
Counts by rote from 1-10					

**ARTISTIC DEVELOPMENT**

Is eager to explore art media					
Shows curiosity towards new tools and materials					
Enjoys singing, rhythm, and movement					

Additional Comments:

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Name: \_\_\_\_\_ Position \_\_\_\_\_  
(Please Print)

E-mail \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Name \_\_\_\_\_ Address (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

Please Return this form by **Friday, February 18th, 2022.**

**KLA Academy Enrollment Management Office:** [admissions@klaacademy.org](mailto:admissions@klaacademy.org)