



# The Kingshill School

RR 1, Box 6125, Kingshill, St. Croix, VI 00850 Phone:340-778-6564 Fax:340-778-0520

## SCHOOL INFORMATION

Have you ever applied to The Kingshill School?  no  yes

If yes, when? \_\_\_\_\_

Please complete the following school history chart:

Grade year	school	public	private	day	resident	IEP	Private tutor
K							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

If student is not in school, please state reason \_\_\_\_\_

Has the applicant ever been dismissed or suspended from school?  No  Yes

If yes, please complete the following: Date(s) \_\_\_\_\_

Reason: \_\_\_\_\_

Has the applicant ever repeated a grade?  No  Yes Which grade(s)? \_\_\_\_\_

Describe the applicant's learning problems and the academic areas involved. \_\_\_\_\_

Does anyone in the family have a learning disability? \_\_\_\_\_

Date of applicant's most recent Psycho-educational Testing \_\_\_\_\_

Diagnosis/Finding (include a copy of the report): \_\_\_\_\_

How did you learn about The Kingshill School? \_\_\_\_\_

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## **PARENT STATEMENT**

Please answer the following questions so that we may have a parent perspective on the strengths and needs of your child. Feel free to attach additional sheets.

What are your child's chief strengths?

What are your child's areas of greatest need?

What are your child's hobbies or interests?

How do you expect The Kingshill School to help your child?

Write a brief description of your child.

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**APPLICANT STATEMENT**

Please complete this form in your own handwriting, if possible. You may dictate your responses to another person if that is more comfortable. (Use the back if needed)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

What subjects do you like best in school? Please tell us why.

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What part of school do you like least? Please tell us why.

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What do you do in your free time?

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How would you like The Kingshill School to help you?

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