

**Teacher Evaluation Form**

Please give the evaluation forms in this packet to two adults (such as current or previous teachers) who know your child and are not family members. Evaluation forms must be received from teachers by Friday, February 24th, 2012.

**Financial Aid Application**

Please review our Financial Aid Policy and download "Applying for Financial Aid" instructions from our website. Financial aid application and required documentation must be received by SSS by Friday, February 24th, 2012.

**Student Records (1st through 5th grade applicants only)**

Forward our Request for Student Records form to appropriate individuals at your child's current school. Records must be received by Friday, February 24th, 2012.

*I understand that each family is required to fulfill their work shift and parent job responsibilities. I have attended an Open House and Tour at KapKa. I am aware of the school's expectation that my child will attend KapKa for the duration of his/her elementary education.*

Parent/guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this completed form and the \$50 non-refundable application fee by February 24th, 2011 to: KapKa Cooperative School, c/o Karin King, Registrar; 510 N. 49th St., Seattle WA 98103***

KapKa Cooperative School does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, family structure or financial status.



KapKa Cooperative School  
510 N. 49th St., Seattle WA 98103  
206-522-0350  
www.kapkaschool.org



# KapKa Cooperative School Application

Child's name: \_\_\_\_\_

Grade Level for which you are applying: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

*(If different from above)*

\_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Child's ethnic heritage: \_\_\_\_\_

*KapKa welcomes all kinds of families and honors diversity in our community.*

Where did you learn about KapKa? \_\_\_\_\_

1. What appeals to you about KapKa's philosophy and values?

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

2. How does KapKa's cooperative model fit your family situation?

---

---

---

---

---

3. Why do you think KapKa would be a good fit for your son or daughter?

---

---

---

---

---

---

---

4. In a few words, please describe your child's temperament, outlook and actions.

---

---

---

---

---

---

---

---

5. In a few words, please describe your child as a learner.

---

---

---

---

---

---

6. Does your child have any health issues or receive special services for any physical, behavioral, social/emotional, or speech/language concerns?

---

---

---

---

7. Does your child have an Individualized Education Plan (IEP)?  
 yes  no If yes, please provide.

8. To what other schools, if any, are you applying?

---

---

---

*Please feel free to write or type additional information on a separate sheet of paper.*