**CHILD’S INFORMATION:** (Please type or print neatly)

Child’s Name (first, middle and last)

Street

City/State/Zip

**U.S. CITIZEN:**

- [ ] Yes
- [ ] No

**DATE OF BIRTH:**

Month/Day/Year

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**AMERICAN SIGN LANGUAGE (ASL)/SIGN LANGUAGE:**

Does your child use American Sign Language (ASL)/sign language?

- [ ] Yes
- [ ] No

If yes, my child uses ASL/sign language:

<table>
<thead>
<tr>
<th>% of the time</th>
<th>in school</th>
<th>% of the time</th>
<th>at home</th>
<th>% of the time</th>
<th>with friends</th>
</tr>
</thead>
</table>

**FAMILY LANGUAGE:**

(Check all languages used at home)

- [ ] ASL
- [ ] English
- [ ] Spanish
- [ ] Arabic
- [ ] Chinese
- [ ] French
- [ ] Russian
- [ ] Vietnamese
- [ ] Other: ____________________________

This information is for statistical purposes only and will not be used in the admission decision process. Please check the appropriate boxes.

**GENDER:**

- [ ] Female
- [ ] Male

**ETHNICITY:**

What is this person’s ethnicity?

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

**RACE:**

What is this person’s race? Mark one or more races to indicate what this person considers himself/herself to be.

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

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**SCHOOL ATTENDING**

Present School (applicant is currently attending)

Street/City/State/Zip

From Month/Year ________ To Month/Year ________ Current Grade

Reason for transfer/change from previous school:

**LANGUAGES USED:**

- [ ] American Sign Language
- [ ] English
- [ ] Other: ____________________________

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**PARENT’S PERSPECTIVES OF CHILD**

At KDES, we assist students in becoming independent and successful individuals. Succeeding in our school requires a certain measure of independence. We want all students to succeed. Please help us by sharing any information about your child’s strengths, areas for improvement, and interests in academics, sports, and extra-curricular activities:

- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________

What are your goals for your child?

- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
KENDALL DEMONSTRATION ELEMENTARY SCHOOL

PARENT/GUARDIAN INFORMATION: (Please type or print neatly)

I.

Name of Parent/Legal Guardian

Email Address

Home Contact Number       Work Contact Number

What is the native language (first language) of parent/legal guardian?

RELATIONSHIP TO CHILD:

☐ Parent
☐ Legal Guardian
☐ Other: __________________________

HEARING STATUS:
(of this parent/legal guardian):

☐ Deaf
☐ Hard of Hearing
☐ Hearing

II.

Name of Parent/Legal Guardian

Email Address

Home Contact Number       Work Contact Number

What is the native language (first language) of parent/legal guardian?

RELATIONSHIP TO CHILD:

☐ Parent
☐ Legal Guardian
☐ Other: __________________________

HEARING STATUS:
(of this parent/legal guardian):

☐ Deaf
☐ Hard of Hearing
☐ Hearing

HOW DID YOU LEARN ABOUT KDES?

☐ Current KDES Student ☐ Clerc Center Pamphlets/Materials
☐ Current KDES Parent ☐ Clerc Center Website
☐ KDES Alumni ☐ Gallaudet University ☐ Other: __________________________

PARENT CONSENT FOR PREPLACEMENT EVALUATION:

It is required by Public Law 94-142 that parents’ permission be obtained before the administration of these diagnostic tests. If we determine that further evaluation information is needed, you will be contacted to arrange a convenient date and time. A copy of the evaluation reports will be shared with you. To the extent possible, we rely upon evaluation results submitted with this application to make admissions decisions. In the event that insufficient information is submitted, we may recommend comprehensive diagnostic tests. These may include all or some of the following:

- Audiological
- Medical/Health
- Educational Assessment
- English as a Second Language
- Sign Language
- Speech and Language
- Psychological
- Social Work
- Occupational Therapy
- Physical Therapy
- Medical/Health

I have read the above statements and give my permission for the diagnostic tests listed to be administered to my child:

Child’s Name (please print) __________________________

Signature (Parent/Guardian) __________________________

Date __________________________

Check one: ☐ Parent ☐ Guardian

Does your LEA/SEA support this placement for your child? ☐ Yes ☐ No ☐ N/A

The Kendall Demonstration Elementary School (KDES) requires copies of the following documents attached to the application:

BIRTH CERTIFICATE: ☐ Copy of birth certificate (or other legitimate document)

PROOF OF RESIDENCY: ☐ Copy attached (i.e. utility bill, last year tax return, or rent/lease agreement)

CUSTODY STATUS: Has any court order ever been made concerning the care and/or custody of this applicant?

☐ Yes ☐ No If yes, attach a copy of the court order.