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Prospective Student Visit Form

Date of Scheduled Visit & Assessment _____

Student's Name _____

Date of Birth _____ Gender _____ Current Grade _____

Current School _____

Name of Student's Current Teacher _____

Name of Student's Current Principal _____

Is student currently on an Individual Education Plan (IEP)? **Yes or No**

Is student eligible for special services? **Yes or No**

If "Yes" is selected to either of the above, additional documentation, including the IEP, will be required during the admissions process.

Parent & Emergency Information

Parent Name _____ Phone Number _____

Parent Name _____ Phone Number _____

Emergency Contact Name _____ Phone Number _____

Emergency Contact Name _____ Phone Number _____

Medical Insurance Company _____ Policy Number _____

Preferred Hospital _____ Phone Number _____

Name of Doctor _____ Phone Number _____

In case of an accident or illness when parents cannot be contacted, do you authorize the school to act if medical services seem necessary? **Yes or No**

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) *(printed student name)*

to take part in a shadow visit at Christ the King School. I understand my child is welcome from 7:45am to 3:10pm. I also authorize the Archdiocese of Portland and its employees to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

(signature of parent/guardian)

(date)

****Please do not bring nut products for snacks or lunch. We are a nut free school.***