



Enrollment Form

(509) 588-2137
mking@kibesd.org

We are excited to have you join the Kiona-Benton Home Link program. Please fill out and return this form to enroll your child.

Student Name: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City, State, Zip Code: _____

Email: _____

Preferred Contact (please circle): Home Visit Phone Email

Date of Birth: _____ Age: _____ Grade: _____

Previous Schools Attended: _____

Subjects you would like help with:

_____ Reading _____ Math _____ Social Studies _____ Other (list): _____

_____ Writing _____ Science _____ Physical Education _____ The Arts

Additional Items you would like us to know or concerns: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only

FTE: _____

Budget Allowance: _____