



The King's Daughters' School

412 West 9th Street
Columbia, TN 38401

Phone (931) 388-3810
Fax: (931) 388-0405

www.tkds.org
admissions@tkds.org

Dear Parent(s),

Thank you for your interest in The King's Daughters' School! We know that it is a tremendous leap of faith for you to consider placing your student in our school, and we thank you in advance for considering us.

In order to consider your child for admission, we ask you to complete the following steps. Your action steps are:

Initial Admission Packet

- **You are welcome to call The King's Daughters' School at 931.388.3810** and ask to speak to someone regarding Admissions, to get overall information. *However, please be aware that we cannot make an enrollment determination, campus recommendation, or accurate tuition estimates over the phone without a complete enrollment packet.*
- **Complete the KDS Application for Admission** (online only at <https://crm.bestnotes.com/portal/tkds/menu>). Please note, we will not begin a formal admissions review until the application is fully completed.
- **Send diagnostic and program information:** your student's most recent psychological evaluation, most recent IEP, any behavior plan or behavioral data, and any relevant medical information to admissions@tkds.org.
- **Complete the attached Request for Release of Information Form** for each program your student has attended within the past 5 years, and return all forms to admissions@tkds.org. (We request that you "check off" and consent to ALL areas of information/records, as this will best help us make an admission determination.)

Admission Determination

- You may be asked to provide additional information in order to make an admission determination. This may include but is not limited to the following: video clips or virtual interview, additional medical information, etc.
- The KDS Admission Team will meet to determine how your student may or may not benefit from The King's Daughters' School.
- KDS will follow up with you regarding an admission determination.
- If your student is accepted for admission and you wish to move forward, we will schedule a tour of the campus.
- For families of adults, complete an independent financial assessment; information is provided by the KDS Admission Team.

Enrollment

- Set an enrollment date, along with the KDS Admission Team.
- You will receive an enrollment packet for your child, which will provide packing lists, a parent handbook, a checklist of items and paperwork needed for enrollment, contact information, and your contract for services.
- Complete the KDS Consents, which are found in a PDF file in the KDS enrollment packet.
- Secure pre-enrollment medical exams/medications: Ensure your student has results from physical, dental, and vision exams within the past year, as well as medications/prescriptions for 3 months.

Thank you again for your interest in KDS. We are humbled by your trust, and we look forward to serving your family.

-The KDS Admission Team



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Request for Release of Information

Student Name: _____

Date of Birth: _____ Social Security #: _____

I, _____ authorize the release of information for the above-named:
(student/parent/legal guardian)

Please release information FROM:

(Complete this section for EACH former program/school/camp)

Program Name: _____

Attn: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Email: _____

Please Release information TO:

**The King's Daughters' School
412 W. 9th St.
Columbia, TN 38401
Phone: 931.388.3810
Fax: 931.388.0405
Email: admissions@tkds.org**

I consent to the release of information or records pertaining to:

- | | | |
|--|--|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Social Summary | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Progress Notes/Reports |
| <input type="checkbox"/> Eligibility Report | <input type="checkbox"/> Disciplinary Reports | <input type="checkbox"/> Oral Exchange of Information |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Discharge Summary | |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Psychological Evaluations | |
| <input type="checkbox"/> Other (please be specific): _____ | | |

Reason for information to be released: Potential Enrollment

In granting this permission, I expressly waive my right to confidentiality under HIPPA, or any other pertinent law, regulation, or policy.

I understand that I may withdraw my consent to this release of information at any time by written request. I also understand that any information release prior to my written request shall not constitute a breach of my right to confidentiality. Unless I withdraw my consent, this authorization to release information shall be effective from the below date and will expire in ninety (90) days.

Student/Parent/Guardian Signature: _____ Date: _____

If a student gives oral consent or signs with an X, the form must be signed by two (2) witnesses:

Name: _____ Date: _____ Name: _____ Date: _____