



APPLICATION FOR ADMISSION

NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

FATHER: _____

MOTHER: _____

BIRTH DATE: _____

HOME SCHOOL: _____ GRADE ASSIGNED: _____

EMERGENCY PHONE: _____

EMERGENCY CONTACT: _____

MEDICAL CONDITIONS:

ACADEMIC CONDITIONS:

BEHAVIOR ISSUES:

MAIL TO: KMRIA, Inc.
 P. O. Box 708,
 Springfield, VT. 05156

OR E-mail it to: donmcgee@kmria.org

KMRIA, Inc.
P.O. Box 708
Springfield, VT 05156
802.885.1483
donmcgee@kmria.org
www.kmria.org