



**Application for Membership
Ketterlinus K-Kids
2015-2016**

Name _____
Teacher _____ Grade _____

Parent's Names

Address

City _____
State FL Zip Code _____

Phone (HOME) _____ CELL _____ EMAIL _____

This past year's GPA _____

Other School-Related Activities _____ Chorus _____ TOTS _____ Safety Patrol _____

STUDENT

I acknowledge and agree to the guidelines of participation in K-Kids Clubs. I will actively participate in club meetings and activities. I understand that to maintain a member in good standing, I must abide by classroom, school, and club rules and attend meetings regularly.

PROSPECTIVE K-KIDS MEMBER'S SIGNATURE

PARENT

As the above-mentioned student's parent, I agree to allow my child to participate in the KES K-Kids Club activities. I agree for my child to remain at school on the designated days to participate fully in the meetings and activities of K-Kids. I will arrange for transportation home after the meetings. I have read and I understand the qualifications and requirements for membership.

PARENT SIGNATURE

TEACHER

As the above-mentioned student's teacher, I verify that this student is currently maintaining a 3.0 or above GPA. I recommend this student for: _____ membership

Note to Parents: Kiwanis is a global organization of volunteers dedicated to changing the world – one child and one community at a time. If you would like to help make a difference – in the K-Kids Club or in our St. Augustine Kiwanis Club, please call me: **Joan Whitson 904-495-3645**. I would welcome the opportunity to chat on the phone or have you join us for lunch at JayBirds to explore opportunities that will help prepare our children for leadership and service. Contact the K-kids School advisor Brooke Smith at with any questions regarding this application at: Brooke.Smith@stjohns.k12.fl.us

Submit this completed application to your child’s current teacher.

Students Note:

On the space below each student needs to write 1-2 paragraphs about why they want to be in K-kids: