



# Kienan Ellis Educational Project (KEEP)

## Client Contact Information

### Student/Client

Full Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Check one:**  Suspension.  Expulsion.  
 Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home/Work Tel. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 \_\_\_\_\_  
 Street City State Zip

**Kinship/Foster Care? Y or N** **Free or Reduced Lunch? Yes or No** **IEP or 504 Plan?: Y or N**

**School:** \_\_\_\_\_ **District:** Seattle Public Schools  
**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date NDA received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Title of Infraction on Notice of Disciplinary Action (NDA):** \_\_\_\_\_

**Names and roles of administrator signing NDA:** \_\_\_\_\_

**Briefly Describe Incident and attach copy of NDA:** \_\_\_\_\_

**Goal:**  Reverse Discipline  Reduce Discipline  Grievance about conduct of administrator  
 Correct Discipline History/records  Other: \_\_\_\_\_

**Parent/Guardians:** Parenting Plan/Custody Order Issued? (circle one): Yes or No

Full Name: \_\_\_\_\_  
**Relationship to student:**  Custodial P/G  Non-custodial parent  Other: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home/Work Tel. \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Same address as student.  
 \_\_\_\_\_  
 Street City State Zip

Full Name: \_\_\_\_\_  
**Relationship to student:**  Custodial P/G  Non-custodial parent  Other: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home/Work Tel. \_\_\_\_\_  
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