

Quick Fact Sheet for Kindergarten Registration

Student

Student's first name
Student's middle name
Student last name
Gender
Ethnicity / Race

Home phone number

Parent/Guardian email addresses

Date of birth

Country of birth

City and State of birth

Date student first entered the state

Address

Street address

City

State

Zip code

With whom does this student live?

Are you a resident of this district?

Is a custody agreement in place for this student?

Is your student registering for AM or PM kindergarten?

Parent(s)/Guardian(s)

Parent/Guardian 1 first name

Parent/Guardian 1 last name

Relationship to student

Does this parent/guardian have full or partial custody of this student?

Home phone

Cell phone number

Work phone number

Employer

Parent/Guardian 2 first name

Parent/Guardian 2 last name

Relationship to student

Does this parent/guardian have full or partial custody of this student?

Live at student address?

Home phone

Cell phone number

Work phone number

Employer

Has the student previously attended school (daycare/preschool)?

Does the student have an IEP?

Does the student have a 504?

Language

Is the student taking an English Language Development program(ESL)

Emergency Dismissal Plan

Which emergency dismissal plan will the student use?

Additional emergency dismissal plan information?

Emergency Contact 1

First name

Last name

Relationship to student

Phone number/type

Would you like to add another emergency contact?

Is there any individual not permitted to have contact with the student?

Medical

Name of doctor or practice

Phone number

Name of dentist or practice

Phone number

Hospital Preference

Other

Active Duty / Military

Siblings

Health History Allergies

Would you like to provide information on an additional guardian for this student?

Is your current address temporary?