

FAYETTE COUNTY BOARD of EDUCATION
Kindergarten Registration Form 2025-2026

PARENT/GUARDIAN - Download and print this form. Complete the form and bring it with you to register your child.

DATE _____ SCHOOL _____

LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ GENDER (Check One) MALE _____ FEMALE _____

PHYSICAL ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

STUDENT LIVES WITH (check one) _____ BOTH PARENTS _____ FATHER _____ MOTHER _____ GUARDIAN _____

RACE (check all that apply) _____ AFRICAN AMERICAN _____ WHITE _____ HISPANIC _____ OTHER _____

PARENT or GUARDIAN

MOTHER or GUARDIAN (circle one) _____

Address _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

FATHER _____

Address _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACTS – PLEASE LIST NUMBERS OTHER THAN YOUR OWN

EMERGENCY #1

EMERGENCY #2

NAME _____ NAME _____

Relationship _____ Relationship _____

Phone Number _____ Phone Number _____

PRESCHOOL (Check One) YES _____ NO _____ If YES, where and how long? _____

STUDENT CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES (Check One) YES _____ NO _____

TRANSPORTATION (Check One) CAR RIDER _____ BUS RIDER _____ If yes, what bus number? _____

***PLEASE BRING THIS COMPLETED FORM AND YOUR CHILD TO SCHOOL TO REGISTER WITH THE COUNSELOR DURING THE WEEK OF APRIL 28 - MAY 2, 2025.**

***THE COUNSELOR WILL NEED COPIES OF YOUR CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORDS, AND PROOF OF RESIDENCY. (Copies can be made at the school.)**

PARENT/GUARDIAN SIGNATURE _____

Revised 3/14/2023