

- **Submit immunization record and birth certificate at time of registration.**
- **IN DISTRICT ONLY: Submit TWO documents that show proof of residency at time of registration.**

● **Student's legal name:** _____
Please print last name first name middle name

Grade entering: _____ Female Male _____ Date of birth: ____ / ____ / ____
month day year

Name student goes by if different than above: _____

Home address: _____

Mailing address: _____

● **Mother:** _____ Home phone: _____
Address: _____ Cell phone: _____
Employer: _____ Occupation: _____ Work phone: _____
Email address: _____

● **Father:** _____ Home phone: _____
Address: _____ Cell phone: _____
Employer: _____ Occupation: _____ Work phone: _____
Email address: _____

● **Stepparent / Guardian:** _____ Home phone: _____
Address: _____ Cell phone: _____
Employer: _____ Occupation: _____ Work phone: _____
Email address: _____

● **Stepparent / Guardian:** _____ Home phone: _____
Address: _____ Cell phone: _____
Employer: _____ Occupation: _____ Work phone: _____
Email address: _____

● **Student lives with:** Both parents Father Mother Stepparent(s)
Check all that apply. Guardian(s) Other relative(s) Caregiver Other adult

● **Is there a legal custody agreement or court order regarding this student? Agreement MUST be provided if other than joint custody.**

Joint custody Sole custody Guardianship Other

● **Living situation that currently applies to the student** (depending upon the box checked, services may be available):

Single family permanent residence (house, apartment, mobile home) Motel or hotel

Living with friends or relatives due to economic hardship, or housing loss Campground, park, or vehicle

Shelter or transitional housing program

Foster or group home

Other _____

< For school use only >
DOR: _____
Date received in office: _____

● Student's name: _____

Grade entering: _____

● Education levels of parents/guardians in household
 Not a high school graduate High school graduate
 Some college (includes AA degree) College graduate Graduate school / post graduate training
Level checked is for _____ (name)

Not a high school graduate High school graduate
 Some college (includes AA degree) College graduate Graduate school / post graduate training
Level checked is for _____ (name)

● Parent(s) / guardian(s) on active military duty -- print name: _____
 Army Navy Coast Guard Marine Corps Air Force Full-time National Guard

● Please check below if your child experiences any of the following:

- Asthma Bleeding disorder Vision issues/glasses Seizures
- Allergies Hearing loss Frequent ear infections Other

Additional medical information (please list allergies if checked above): _____

● Medication taken at home No If yes, please describe: _____ Medication taken at school No If yes, please describe: _____

Note - if medication is taken at school, a form signed by the doctor must be on file in the school office, and the medication must be in the original container.

● Does your child have any physical activity limitations? No If yes, please describe: _____

● Does your child have emotional or behavioral needs which could affect learning? No
If yes, please describe: _____

● Is there anything else you wish to share about your child? _____

● Proof of residency – Two of the following documents must be provided at time of registration:

- Property tax payment receipts Utility service payment receipts
- Rent payment receipts Mortgage statement
- Pay stub

● Proof of age – birth certificate, duly attested baptismal certificate, or passport

To the best of my knowledge, the information provided in this application is true and accurate.

● Parent / guardian signature: _____ Date: _____

● Printed parent / guardian name: _____

● Student's name: _____

Grade entering: _____

Complete this section only if your child is entering KINDERGARTEN or TRANSITIONAL KINDERGARTEN (TK)
Please provide as much detail as possible to help us best meet your child's needs.

Describe some of the qualities you especially appreciate in your child.

Do you have any special concerns about your child (behavior, social, physical, developmental, etc.)?

What activities does your child like to do at home?

How would you describe your child's energy level?

What time does your child go to bed? Does s/he sleep through the night?

What responsibilities does your child have at home?

Does your child tend to be anxious in new situations or have any big fears?

If your child has had preschool experience, how would you describe it (positive, neutral, negative)?

What areas do you think your child needs to work on?

My child follows directions:

- Rarely After multiple reminders Inconsistently Often Always

Social group experiences:

Other than daycare or preschool? _____

Daycare	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
Preschool	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____

Does your child:

- Look forward to TK or kindergarten? Yes No Sometimes Comment: _____
- Play cooperatively with other children? Yes No Sometimes _____
- Manage frustration/disappointment calmly? Yes No Sometimes _____
- Separate from parents without being upset? Yes No Sometimes _____
- Listen attentively to a story for 10-15 minutes? Yes No Sometimes _____
- Engage in self-chosen activities for 20-30 minutes? Yes No Sometimes _____

Delivery: Premature: Yes No Birth weight: _____ Oxygen given: Yes No

Is there anything else you think we should know about you or your child? Please note it on the back of this sheet. If there is any information you would like to share in a more confidential manner, please feel free to set up an appointment with the principal.