



FOR REGISTRAR USE ONLY

DATE OF ENROLLMENT:
 SCHOOL ATTENDING:
 START DATE:
 MARSS#:

KINDERGARTEN REGISTRATION

Section 1: Student/Contact Information PLEASE PRINT STUDENT'S LEGAL NAME

(LAST) _____ (FIRST) _____ (MIDDLE) _____

GRADE: _____ BIRTH DATE: ____/____/____ GENDER: Male _____ Female _____

PLACE OF BIRTH: _____, _____, _____
 (City) (State) (County)

Home Address: _____
 Street Address - (DO NOT LIST PO BOX) City State Zip County

Mailing Address: _____
 Street Address - (CAN LIST PO BOX) City State Zip

If you live in transitional housing (motel, campsite, car or shelter) please tell the Registrar for additional information and resources available.

Ethnic Category:

Is this child American Indian or Alaskan Native? Yes _____ No _____

Is this child Hispanic/Latino? Yes _____ No _____

What is the child's race? (you may choose more than one)

- _____ American Indian/Alaska Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Pacific Islander
- _____ White

EARLY CHILDHOOD SCREENING	City	DATE COMPLETED		PRESCHOOL	NAME OF PRESCHOOL
Y / N				Y / N	

Name of Parent/Guardian (If you are NOT the biological/step parent of the child, please see next section.)	Student Resides With (X)	Employer	Daytime Phone	Cell Phone
Mother:				
Step Mother:				
Father:				
Step Father:				
Second Parent Address: (If different than listed above)		City	State	Zip code

Circle your relationship to the student (Documentation will be required):

Legal Guardian

Foster Parent

Group Home

Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)	School Hours Phone Number	If applicable, county case manager, name/phone number/case number

Section 2: Special Programs

Does this student have a current Individual Education Plan (IEP) through Special Education? Yes _____ No _____

If yes, please indicate primary disability: _____

Does your student have a 504 Accommodation Plan (for such things as diabetes management, etc.) Yes _____ No _____

If yes, please indicate what for: _____

Section 3: Emergency Contacts (Someone other than parent/guardian)

Contact (Last, First Name)	Relationship	School Hours Phone #	Circle One:
			Home, Work or Cell
			Home, Work or Cell

Section 4: Additional Household Information

LIST ALL CHILDREN IN HOUSEHOLD, NOT ENROLLED IN ISD. #31 UNDER THE AGE OF 5

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER M/F	BIRTHDATE	HANDICAPPED (Y/N)

Section 5: Certification/Signatures

Parent/Guardian ACTIVE in the Military: Yes _____ No _____

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____

E-mail address: _____ @ _____

Signature: _____ Date: _____

Items Scanned and collected:	For Office Use Only:
____ Photo ID	____ F/R Lunch Form
____ Birth Certificate	____ Proof of Residence (type provided) _____
____ Immunization Record	____ Title 7/JOM Eligibility Form for Native American
____ ELL/ESL Form	____ Records Requested (Date requested _____)
____ Custody/Divorce Docs	