

Students must be registered with their Legal Name as documented on a Birth Certificate or other Legal Document

**Student Information**

*Ethnicity (Circle One): Is the student Hispanic/Latino YES NO*

Name (Last, First, Middle)

Birthdate

Grade

Gender

Race: (Circle)

Address (Street, City, State, ZipCode)

American Indian or Alaska Native

Asian

Student's Home Telephone

Student's Medicaid Number

Black or African American

Native Hawaiian or Other Pacific Islander

White

**Resides with:**

Name, Relationship:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Employer:	
Work Phone:	
Email:	
Name, Relationship:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Employer:	
Work Phone:	
Email:	

**Does Not Reside with:**

Name, Relationship:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Employer:	
Work Phone:	
Email:	
Send School Mailings:	

Name, Relationship:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Employer:	
Work Phone:	
Email:	
Send School Mailings:	

**Emergency Contact or Babysitter (NOT PARENT OR GUARDIAN)**

Please List Two--These people are authorized to pick up this student if the Parent or Guardian is not available.

<i>Name:</i>		
<i>Phone:</i>		

**Medical Information**

<i>Any Chronic Illness / Allergies?</i>	<i>Daily Prescription Medications Taken at Home?</i>	<i>Daily Prescription Medications Taken at School</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes another form will be sent for student's health history.		
<b>Physician</b>	<b>Telephone</b>	<b>New Immunizations?</b>
		YES / NO

**Language / Birthplace Information**

1) Was English the first language your child learned to speak?	YES / NO				
2) Language(s) spoken at home by the student?					
3) Language(s) spoken at home by others?					
4a) Student's Birthplace (City, State, Country)					
4b) Please list other children in your home between the ages of 3 and 18					
<b>Name</b>	<b>School</b>	<b>Born in United States?</b>	<b>Name</b>	<b>School</b>	<b>Born in United States?</b>
		YES / NO			YES / NO
		YES / NO			YES / NO

**Miscellaneous Information**

1) Does your child have significant medical dietary restrictions or food allergies? (if Yes please notify school of specific instructions)	YES / NO

**Last School Attended :** \_\_\_\_\_

<b>Early Dismissal Information: In case of emergency closing of the school my child has instructions to: (Circle One)</b>		
<b>Go to home listed Below:</b>	<b>Go straight Home:</b>	<b>Kids and Company:</b>
Name, Address, Telephone, Relationship		

Your signature below indicates that the information you provided on this form is accurate. At any time, if you or your child has questions regarding this document, please contact the school, or any staff member for help. You are responsible for updating this information as it changes.

Parent's Signature _____	Date: _____
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For New Kindergarten students, What preschool did you attend? (circle one)  
 Attended In District                      Did Not Attend                      Attended Other