

Kindergarten Registration Form • 2008 - 2009

Full Name _____ Sex Male Female
First Middle Last Jr. / Sr. / III / IV

Birth Date _____ Place of Birth _____

Does this child have any disabilities: Yes No If yes, Speech Physical Learning Limitations 504 CSE

U.S. Citizen Yes No If NO, indicate citizenship _____

Social Security Number (You must supply a copy of your child's Social Security Card) _____

Ethnic Origin: American Indian African American Hispanic Caucasian Asian Hawaiian

Primary Language Spoken in home _____

Student's Physical (911) Address

Student's Mailing Address if different

Street _____ Street or P.O. Box _____

City _____ City _____

State _____ Zip _____ County _____ State _____ Zip _____ County _____

Home Phone(_____) _____ Home Phone (_____) _____

☎ + ☎ + ☎ + ☎ + ☎ + ☎ Emergency Medical Information ☎ + ☎ + ☎ + ☎ + ☎

Physician _____ Phone _____ Hospital Choice _____

Any known medical problems / allergies _____

I give consent to release this information to necessary Sberburne-Earlville School Personnel to promote the health and safety of my child.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Living in home with Student

Name _____ Relationship to student _____

Parent / Guardian Not Living in home with Student

Name _____ Relationship to student _____

Street _____ Would you like to receive mailings from school regarding your child?

City _____ Yes No

State _____ Zip _____ County _____ Phone number (_____) _____

If this student is not living with both parents, who has legal custody? _____

If there are any custody restrictions, please specify and provide us with copies of legal paperwork.

CONTACTS OTHER THAN PERSONS LISTED ABOVE

Emergency Contact #1

Emergency Contact #2

Name _____ Name _____

Street _____ Street _____

City _____ City _____

State _____ Zip _____ County _____ State _____ Zip _____ County _____

Home Phone (_____) _____ Home Phone (_____) _____

OTHER CHILDREN IN FAMILY OR LIVING IN THE RESIDENCE

Name _____ Sex M F DOB _____ living at home? Yes No

Name _____ Sex M F DOB _____ living at home? Yes No

Name _____ Sex M F DOB _____ living at home? Yes No

Name _____ Sex M F DOB _____ living at home? Yes No

Name _____ Sex M F DOB _____ living at home? Yes No

OTHER ADULTS LIVING IN THE RESIDENCE

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Transportation Information



For Office Use Only

Bus Name and Number

A.M. _____

P.M. _____

Walk or Parent Transport

In the morning my child will be picked up by the bus at Home at Sitter I will transport my child

In the afternoon my child will be take the bus to Home Sitter I will pick my child up go the ASP

Sitters name _____

Address _____

911 Address if different from above _____

Phone number(s) (_____) _____

Is your child related to any other incoming Kindergartner? Yes No

If yes, name of student or students _____

Signature of Parent / Guardian _____ Date _____

Signature of Person Registering Student _____ Date _____

FOR OFFICE USE ONLY

Student # _____ Family # _____ Lunch # _____ Building _____

Grade _____ Homeroom # _____ Entry Date _____ School Year _____