

Please have the following information with you at Kindergarten Registration including the name of **at least one Emergency Contact with phone number**. **You** will be entering this information online. Please **enter your child's legal name** as listed on his/her birth certificate and use **proper capitalization**.

**Student Information**

First Name:   
 Middle Name(s): (list all)   
 Last Name:   
 Nick Name:   
 Date of Birth:   
(mm/dd/yyyy)

Place of Birth:   
 Social Security Num:

(Mailing) Address:   
 City:   
 State:   
 Zip:

Physical Address   
(If different than mailing.)  
 City:   
 State:   
 Zip:

County:   
 Township: (if known)   
 Directions:

Home Phone:   
 Student Cell Phone:   
 Student Email:   
 Sex: (select one)  male  female  
 Enrolling for Grade:   
(Select one)

Guardian Info: (select one)   
 Text Address:   
 Email Address(es)\*:

\*Informative Emails may be sent to one or more parents/guardians. You can list 1 or more emails. Separate multiple email addresses by inserting a comma (,) between them..

**Guardian (if other than parent):**

Last Name:   
 First Name:   
 Address:   
 City:   
 State:   
 Phone:   
 Cell Phone:   
 Guardian SSN:

**Father**

Last Name:   
 First Name:   
 Address:   
 City:   
 State:   
 Phone:   
 Cell Phone:   
 Employer:   
 Work Phone:   
 Work Ext:   
 SSN:

**Mother**

Last Name:   
 First Name:   
 Address:   
 City:   
 State:   
 Phone:   
 Cell Phone:   
 Employer:   
 Work Phone:   
 Work Ext:   
 SSN:

**Alert Notification Numbers**

Alert Phone 1   
 Alert Phone 2   
 Alert Phone 3

**Emergency Contact Information - list at least 1 contact**

**Contact 1**

Last Name	First Name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact 2**

Last Name	First Name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact 3**

Last Name	First Name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contact 4**

Last Name	First Name	Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Medical Information**

Physician:   
 Physician Phone:   
 Insurance:   
 Hospital:

**Follow up (mark any that apply.)**

- My child has health related issues I would like to speak to the nurse about.
- I would like to speak to a counselor about my child.
- I would like to speak to a special education representative about my child.

**Comment**