Sample Form

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:	Robert
Middle Name(s): (list all)	Carl Scott
Last Name:	Jones
Nick Name:	Robbie
Date of Birth: (mm/dd/yyyy)	11/22/2009
Place of Birth:	Seymour, IN
Social Security Num:	xxx-xx-xxxx
(Mailing) Address:	P.O. Box 1528
City:	Brownstown
State:	IN
Zip:	47220
Physical Addess (If different than mailing.)	254 S. Vine St.
City:	Brownstown
State:	IN
Zip:	47220
County:	Jackson
Township: (if known)	
Directions:	
Home Phone:	812-358-0000
Student Cell Phone:	
Student Email:	
Sex: (select one)	male female
Enrolling for Grade: (Select one)	K
Guardian Info: (select one)	Mother
Text Address:	
Email Address(es)*:	dobbs12@gmail.com

*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:	xxx-xx-xxxx

Father

Last Name:	Jones
First Name:	David
Address:	6371 W. Callahan
City:	Seymour
State:	IN
Phone:	
Cell Phone:	812-444-0000
Employer:	Master Plastics
Work Phone:	812-522-0000
Work Ext:	
SSN:	xxx-xx-xxxx

Mother

Last Name:	Dobbs
First Name:	Mary
Address:	P.O. Box 1528
City:	Brownstown
State:	IN
Phone:	812-358-0000
Cell Phone:	812-444-0001
Employer:	
Work Phone:	
Work Ext:	
SSN:	xxx-xx-xxxx

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
Smith	Janice	812-358-0002	Grandmother

Contact 2

Last Name	First Name	Phone	Relationship
Jones	Pauline	812-444-0003	Step-mother

Contact 3

Last Name	First Name	Phone	Relationship
Patterson	Alice	812-444-0004	Neighbor

Contact 4

Last Name	First Name	Phone	Relationship

Medical Information

Physician:	Dr. William Davis
Physician Phone:	812-523-0000
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