

WEeping WATER PUBLIC SCHOOL
KINDERGARTEN REGISTRATION
PARENT ADDRESS/PHONE NUMBERS & OTHER INFO

STUDENT'S NAME _____

PARENT'S NAME(S) _____

STUDENT'S BIRTHDATE _____ GRADE _____

Home phone number _____

Mom's cell number _____

Dad's cell number _____

E-mail address _____

Home **MAILING** address _____

Mother's work phone and employer _____

Father's work phone and employer _____

What language did the student first learn to speak? _____

What language is spoken most often by the student? _____

What language does the student most frequently use at home? _____

Does your child receive special services (IEP) _____ Yes _____ No
If yes, please state _____

Does your child have any disabilities, take any medication or have any allergies:
YES _____ NO _____ If yes, please state _____

Will your child ride the bus? Yes _____ No _____

Parent/Guardian Signature _____ Date _____