

# Marion Public Schools Kindergarten Registration

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date Entered \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity \_\_\_\_\_ W - white H - Hispanic or Latino AI - American Indian/Alaska Native AA - Asian American B - Black or African American N - Native Hawaiian or Other Pacific Islander Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the primary language spoken at home?\* \_\_\_\_\_ English \_\_\_\_\_ Other \_\_\_\_\_

What language did the student first speak?\* \_\_\_\_\_ English \_\_\_\_\_ Other \_\_\_\_\_

What other languages are spoken in this student's home or environment?\*

*\*If the answer to any of these questions is "other", a Home Language Survey translations is available in your native language.*

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## **Student Residence & Parents Living At Residence**

If student is in a temporary residence/shelter, please indicate: \_\_\_\_\_ Shelter \_\_\_\_\_ Youth Shelter

\_\_\_\_\_ Women's DV Shelter \_\_\_\_\_ Living w/Friends or Family \_\_\_\_\_ Motel/Hotel \_\_\_\_\_ Temp. Location

Street \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ School District of Residence \_\_\_\_\_

Township \_\_\_\_\_ County \_\_\_\_\_ Home Phone \_\_\_\_\_

**Father/Guardian Name (living at residence)** \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Mother/Guardian Name (living at residence)** \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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**Is legal custody shared with another parent (Not living in the home) for this student?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please explain custody information.) With Whom? \_\_\_\_\_ Relationship \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Is this address an additional residence for this student? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## **Prior School**

Name of Last School Attended \_\_\_\_\_

School District \_\_\_\_\_ Date Left \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is there any information that you would like to give us regarding the prior school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

My child attended Head Start \_\_\_\_\_ Marion Preschool \_\_\_\_\_ Name of Preschool \_\_\_\_\_

Does your child CURRENTLY receive any special education IEP services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of services are they receiving? \_\_\_\_\_ Resource Room \_\_\_\_\_ Speech \_\_\_\_\_ Other \_\_\_\_\_

**Emergency Information**

List two alternate people to be notified for any emergency situation if we cannot reach you. They need to be willing and have your permission to pick up your child at school if necessary.

First Choice \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Choice \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you give permission for your child’s name/and or photo to possibly be used from school activities by local newspaper, television, public relations, video tapes, yearbook, directory information, etc.? Yes \_\_\_ No \_\_\_

Do you give your child permission to attend school field trips? Yes \_\_\_ No \_\_\_

**Allergy/Medical Alert**

Does your child have: Asthma? \_\_\_ Bee Allergy? \_\_\_ Epilepsy? \_\_\_ Heart Disease? \_\_\_

List significant allergies or illnesses and specific treatment \_\_\_\_\_

Does your child have any food allergies? Yes \_\_\_ If yes, list. \_\_\_\_\_ No \_\_\_

Does your child take medication during school hours? Yes \_\_\_ No \_\_\_

**Permission for Medical Treatment**

*In case of emergency, I authorize the school to seek medical attention for my child. Yes \_\_\_ No \_\_\_*

*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_*

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**Day Care**

If your child will be at a sitters for bus pick up or drop off, please give name and address of sitter:

\_\_\_\_\_

**Early Dismissal**

On occasion an emergency or inclement weather may require the school to be dismissed before the regular dismissal time. You will need to provide your child with an alternative plan should you not be home and/or the house is locked when he/she arrives. Please coach your child on this plan. Indicate below what should be done. (We cannot routinely remind children, but if they ask, we will tell them what is on this form.)

Plan: \_\_\_\_\_

\_\_\_\_\_

Please list other children in family. (name/age/grade) \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Date*

Email Address: \_\_\_\_\_