

OFFICE USE ONLY

Transitional Kinder ____

*Born between: Sept. 2nd
through Dec. 2nd

Meadows Union School

Registration Checklist

Grade: _____

Original documents (Documentos originales)

- Birth Certificate (*Acta de Nacimiento*)
- Immunization Record (*Registro de vacunas*)
- Physical Exam (*Examen físico*)
- Dental Exam (*Examen dental*)
- Proof of Residency (*Comprobante de Residencia*)



Your child's name: _____

<i>(Nombre de su hijo/a)</i>	<i>Last Name (Apellido)</i>	<i>First Name (Primer Nombre)</i>	<i>Middle Name (Segundo Nombre)</i>
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FOR OFFICE USE ONLY (PARA USO DE LA OFICINA)

#1 Kinder/Transitional Kindergarten Requirements
(Requisitos de kinder/Transición al kinder)

Initial (completed)

Student Registration Form (*Forma de Inscripcion del Estudiante*)

Home Language Survey (*Estudio del Idioma del Hogar*)

Migrant Education Programa (*Cuestionario del Programa Migrante*)

Birth Certificate (*Acta de nacimiento*)

Proof of Residency (**Address within Meadows Union School boundaries**)

(Comprobante de residencia: dentro de la area escolar de Meadows Union)

Prior School attended _____

#2 Immunization Record (registro de vacunas)

Physical exam (*examen físicos K/1st*)

Oral Dental Exam (*Examen dental K/1st*)

Student Health Profile (*Historia de salud del estudiante: hoja amarilla*)

#3 Registration Complete

Date and Initial

Comments: _____