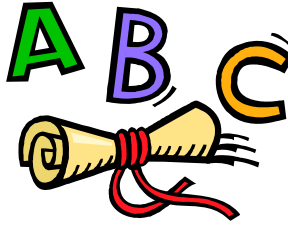


**ISLAND TREES U.F.S.D.
KINDERGARTEN REGISTRATION FORM**



STUDENT INFORMATION (To be completed by Registration Office)

STUDENT # _____ **YOG** _____

SCHOOL: _____ **START DATE:** _____ **Transportation:** Y N

TO BE COMPLETED BY PARENT: (Please Print)

Last Name: _____ First Name: _____ Middle: _____
(As appears on Birth Certificate)

Birth Date: _____ Place of Birth : _____ (City, State, Country)

Gender: ___M ___F US Citizen: ___Y ___N Country: _____

Date of Entry to USA: _____ Ethnicity: _____

Primary Language at Home: _____ Need ESL: ___Y ___N

Address: _____ Home Telephone: _____

City, State, Zip: _____

Preschool: Y N If yes, Name of School or Center: _____

Previous School Address: _____

Previous School Telephone: _____

Receiving any services? _____

PARENT INFORMATION

Natural Father's Name: _____

Natural Mother's Name: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Daytime Phone: _____

Daytime Phone: _____

Mother's Maiden Name: _____

If Applicable:

Step Father's Name: _____

Daytime Phone: _____

Step Mother's Name: _____

Daytime Phone: _____

Guardian's Name: _____

Daytime Phone: _____

PLEASE TURN OVER AND COMPLETE

EMERGENCY & MEDICAL INFORMATION

Physician: _____ Telephone: _____

Does child have any medical concerns: _____y _____N Any Physical Disability? _____Y _____N

Nature of Medical Concern _____

Current medications: _____

Is there a "Do Not Release" on file: _____Y _____N
(Refers to a court order prohibiting release of a child to a parent not living at home.)

***IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED, WHOM MAY WE CALL?**

Emergency contact: _____ Daytime Phone: _____

Relationship to child: _____

Emergency contact: _____ Daytime Phone: _____

Relationship to child: _____

GUARDIAN INFORMATION

Legal Guardianship--Please check one: _____Mother & Father _____Mother _____Father _____Other (Specify) _____

Foster Child: _____Y _____N (Requires copy of DSS2999 Form) District of Origin: _____

PLEASE READ BELOW AND SIGN AT THE TIME OF REGISTRATION APPOINTMENT

I CERTIFY THAT THE INFORMATION WHICH I HAVE SUPPLIED IS TRUE TO MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY REGISTRATION OF A CHILD WHO IS **NOT** A BONA FIDE RESIDENT OF THE ISLAND TREES SCHOOL DISTRICT WILL RESULT IN TUITION CHARGES FOR ALL SERVICES RENDERED. I FURTHER AGREE TO PROMPTLY NOTIFY THE SCHOOL REGARDING ALL CHANGES IN THE RESIDENCY OF THE CUSTODY OF THIS CHILD. I ALSO UNDERSTAND THAT ALL NATURAL PARENTS AND COURT-APPOINTED GUARDIANS HAVE EQUAL ACCESS TO TEACHERS, RECORDS, AND THE STUDENT UNLESS LEGAL RESTRICTIONS ARE NOW OR LATER PLACED ON FILE WITH THE ISLAND TREES SCHOOL DISTRICT.

Signed: _____ Date: _____

For Office Use:

Identification - LICENSE _____ CAR REG. _____ INSURANCE CARD _____ Other _____

Residency - MTG _____ DEED _____ TAXES _____ HOME INS _____ UTILITIES _____

PHONE _____ OTHER _____

RENTER AFFIDAVIT _____ PROOF _____ HOMEOWNER _____ PROOF _____

Student - BC _____ BAPT _____ PASS _____ IMMUNIZATIONS _____ CUSTODY PAPERS _____

LANGUAGE SURVEY _____ INTERNET PERMISSION _____ Racial/Ethnic Form _____