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

STUDENT INFORMATION (To be completed by Registration Office) ***STUDENT #***_____ ***YOG***_____

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

TO BE COMPLETED BY PARENT: ***(Please Print)***

Last Name: _____ First Name: _____ Middle: _____
(As appears on Birth Certificate or other documentary evidence of age)

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

Gender: ____M ____F 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: _____

Work Phone: _____ **Work** Phone: _____

Cell Phone: _____ **Cell** Phone: _____

Email Address: _____ Email Address: _____

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: _____

Is there a **"Medical Alert"** on file: ____Y ____N? Any Physical Disability?_____Y _____N?

Nature of Alert: _____

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 the event we cannot contact the parents in an emergency, please list contacts we can 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 INFOMRATION 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 _____ CABLE _____OTHER_____

RENTER AFFIDAVIT_____PROOF_____ HOMEOWNER _____PROOF_____

Student - BC _____ BAPT ____ PASS _____ REP CARD/SCH _____ IMMUNIZATIONS ____ CUSTODY PAPERS_____

LANGUAGE SURVEY____ INTERNET PERMISSION_____RACIAL/ETHNICITY_____ OTHER_____

Reg 11/2014