

**CRESCENT SCHOOL DISTRICT
KINDERGARTEN
STUDENT REGISTRATION FORM**

Date: _____

Student Grade Level Kindergarten

STUDENT INFORMATION

Student's Legal last name _____ First name _____ Full Middle name _____ Date of birth _____

Physical address _____ Mailing address (if different) _____

City _____ State _____ Zip _____ Primary Phone Number _____

Birth country USA _____ Other _____

Student gender: Male _____ Female _____ Gender not exclusively male or female _____

Is a language other than English spoken at home? Yes _____ No _____ If yes which _____

Does your child speak a language other than English at home? Yes _____ No _____ If yes which _____

Is parent in active military? Yes _____/What branch? _____ No _____

Is parent in reserves? Yes _____/What branch? _____ No _____

PRIMARY HOUSEHOLD INFORMATION - Student lives with:

Both parents _____ Mother only _____ Father only _____ Guardian _____ Mother/step parent _____ Father/step parent _____

Name(s) of Parent/Guardian with whom student is living with:

Last Name	First Name	Work Place/City	Work phone	Cell phone
Last Name	First Name	Work Place/City	Work phone	Cell phone
E-mail address				

SECONDARY HOUSEHOLD INFORMATION (Parent who lives in a different household)

Last Name	First Name	Relationship to student	Work Place/City	Work phone	Cell phone
Last Name	First Name	Relationship to student	Work Place/City	Work phone	Cell phone
Should school mailings be sent to this household also? Yes _____ No _____			Home phone		
Parent/Guardian Mailing Address			City	Zip	email address

EMERGENCY INFORMATION List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to student	Address	Daytime phone
Name	Relationship to student	Address	Daytime phone

PLEASE CONTINUE ON BACK OF PAGE

HEALTH INFORMATION

MEDICAL ALERT: _____
(allergies, diabetes, asthma, etc.)

EDUCATION AND PREVIOUS SCHOOLING INFORMATION

___ YES ___ NO Has student been assessed for special education services?
If yes, where _____

___ YES ___ NO Has student been served by an Individual Education Program (IEP) in a special services
program?
If yes, where _____

Date: _____ Parent/Guardian Signature: _____