

ENRTY DATE

ID#

TEACHER REQUESTED

2016-2017 DECKERVILLE SCHOOLS KINDERGARTEN INFORMATION FORM

LEGAL LAST NAME OF STUDENT	LEGAL FIRST NAME OF STUDENT	LEGAL MIDDLE NAME OF STUDENT	GENDER-MALE OR FEMALE
BIRTH DATE (MONTH/DAY/YEAR)	CITY OF BIRTH	STATE OF BIRTH	COUNTRY
HOME PHONE NUMBER	CELL PHONE NUMBER-MOTHER/GUARDIAN	CELL PHONE NUMBER-FATHER/GUARDIAN	LANGUAGE SPOKEN IN HOME

PHYSICAL ADDRESS	STREET	TOWN/CITY	ZIP CODE	NONE	@	E-MAIL ADDRESS
HOUSE #	DIRECTION	NAME OF ROAD OR STREET	TOWN/CITY	ZIP CODE		
MAILING ADDRESS (APT/LOT/PO BOX)			TOWN/CITY	IS RESIDENCE IN DECKERVILLE SCHOOL DISTRICT?		
				YES	NO	

LOCATION OF HOME FROM THE STOP LIGHT IN DECKERVILLE

WITH WHOM DOES THIS CHILD RESIDE (BOTH NATURAL PARENTS , NAT. FATHER, NAT MOTHER, STEPPARENT, GUARDIAN,SHELTER,FRIEND, OTHER)?

NATURAL MOTHER'S FIRST NAME	NATURAL MOTHER'S LAST NAME	MAIDEN NAME	MARITAL STATUS	S=SINGLE, M=MARRIED, E=SEPARATED, D=DIVORCED, W=WIDOW)
MOTHER'S PLACE OF EMPLOYMENT	WORK PHONE NUMBER	WORKING HOURS	ETHNIC GROUP OF STUDENT:	
NATURAL FATHER'S FIRST NAME	NATURAL FATHER'S LAST NAME	WORK PHONE NUMBER	WORKING HOURS	YES NO
FATHER'S PLACE OF EMPLOYMENT	WORK PHONE NUMBER	WORKING HOURS	IS STUDENT HISPANIC / LATINO?	
RESIDES WITH OR IN ADDITION TO NATURAL PARENT (OTHER THAN NATURAL PARENT)	EMPLOYMENT	HEALTH CONCERNS:	AMERICAN INDIAN OR ALASKA NATIVE	
	WORK PHONE NUMBER	SPECIAL HEALTH CONDITIONS OF THIS CHILD INCLUDING FOOD, INSECT BITE ALLERGIES, ASTHMA, ETC.	ASIAN	
		ALSO LIST CURRENT PRESCRIBED MEDICATIONS.	BLACK OR AFRICAN AMERICAN	
			NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
			WHITE	

WHO MAY WE CALL IN CASE OF AN EMERGENCY **IF WE CANNOT REACH EITHER OF YOU AT HOME OR WORK?** (LIST IN ORDER OF PREFERENCE)

1ST EMERGENCY CONTACT PERSON	1ST-HOME PHONE OR CELL NUMBER	1ST-WORK PHONE NUMBER	RELATIONSHIP TO CHILD
2ND EMERGENCY CONTACT PERSON	2ND-HOME PHONE OR CELL NUMBER	2ND-WORK PHONE NUMBER	RELATIONSHIP TO CHILD

EDUCATIONAL CONCERNS:
SPEECH - CURRENTLY (Y/N)
SPECIAL EDUCATION - CURRENTLY (Y/N)

HOME DRIVER/ROUTE IF STUDENT IS TO RIDE BUS **TO SCHOOL** FROM ADDRESS **DIFFERENT THAN HOME** (BABYSITTER, DAY CARE, ETC.)

BUS DRIVER NAME	PERSON CHILD IS IN CARE OF	CAREGIVER'S HOUSE # AND STREET	CAREGIVER'S PHONE NUMBER	BUS ROUTE #	BUS DRIVER INVOLVED
-----------------	----------------------------	--------------------------------	--------------------------	-------------	---------------------

IF STUDENT IS TO RIDE BUS **FROM SCHOOL** TO ADDRESS **DIFFERENT THAN HOME**.

HOME BUS ROUTE #	PERSON CHILD IS IN CARE OF	CAREGIVER'S HOUSE # AND STREET	CAREGIVER'S PHONE NUMBER	BUS ROUTE #	BUS DRIVER INVOLVED
------------------	----------------------------	--------------------------------	--------------------------	-------------	---------------------

ON _____ ORIGINAL BIRTH CERTIFICATE WAS SEEN BY _____ OVER PLEASE---

DATE SIGNATURE

STUDENT INFORMATION - CONTINUED

PLEASE LIST ALL CHILDREN IN THE FAMILY LIVING AT THE SAME RESIDENCE, BELOW.

NAME OF CHILD		BIRTHDATE		
LAST NAME	FIRST NAME	MONTH	DAY	YEAR

EARLY EMERGENCY DISMISSAL INSTRUCTIONS

SOMETIMES DURING THE SCHOOL YEAR DUE TO INCLEMENT WEATHER, SCHOOL IS DISMISSED EARLY. YOUR CHILD NEEDS TO KNOW EXACTLY WHAT TO DO IN THESE CIRCUMSTANCES WITHOUT CALLING YOU. THERE IS ALWAYS THE POSSIBILITY OF THE PHONE BEING OUT OF SERVICE FOR A PERIOD OF TIME. PLEASE DESCRIBE BELOW THE PROCEDURE YOU ARE ASKING YOUR CHILD TO FOLLOW WHEN SCHOOL IS DISMISSED EARLY FOR EMERGENCY REASONS:

MY CHILD/CHILDREN ARE TO GO TO:

_____ EMERGENCY PERSON'S NAME

THE ADDRESS OF THE PERSON LISTED IS:

PHONE NUMBER OF THE EMERGENCY DISMISSAL DROP OFF POINT _____

DIRECTIONS TO EMERGENCY DROP OFF POINT: _____

BUS NUMBER TO EMERGENCY DROP OFF POINT: _____

A HANDBOOK HAS BEEN RECEIVED FOR THIS SCHOOL YEAR. _____ YES _____ NO

MEDICAL EMERGENCY CONSENT

IN THE EVENT OF A MEDICAL EMERGENCY AND NONE OF THE PERSONS LISTED ON THIS FORM CAN BE REACHED, I (WE) GIVE CONSENT TO DECKERVILLE COMMUNITY SCHOOLS PERSONNEL TO SEEK MEDICAL TREATMENT AS DEEMED

NECESSARY.

CHILD'S
DOCTOR

DOCTOR'S
PHONE
#

SIGNATURE

RELATIONSHIP

THE STUDENT REGISTERED ABOVE, RESIDES WITH THE PARENT/GUARDIAN AT THE ADDRESS PROVIDED ABOVE. ALL INFORMATION LISTED IS ACCURATE.