

Student ID # \_\_\_\_\_

For School Personnel Use only!!

**For Special Needs Students:**

**Original goes to child's school**

**Copies to:**

**Copies to:** Nurse \_\_\_\_\_

Psychology Aide \_\_\_\_\_

Bus Gar \_\_\_\_\_

Bus # \_\_\_\_\_

Special Ed Supervisor \_\_\_\_\_

Food Serv \_\_\_\_\_



**MORGAN LOCAL SCHOOL DISTRICT**

**KINDERGARTEN REGISTRATION FORM\*\***

**\*\* Must be 5 years old on or before September 30, 2018**



**CHECK WHICH ATTENDANCE BUILDING YOU LIVE**

EAST  WEST  SOUTH

Will you be applying for a transfer to another elementary building? **YES\*** \_\_\_\_\_ **NO** \_\_\_\_\_

\*If yes, you must apply at the

If you do not live in the Morgan Local School District, which District?

Central Office by May 25, 2018

**STUDENT INFORMATION**

Legal Last Name		Legal First Name		Legal Middle Name	
Nickname (if applicable)		Gender (M/F)	Birthdate (mm/dd/yyyy)		Age
Birthplace: City _____ State _____			Social Security Number _____		

**IS YOUR PRIMARY RACE HISPANIC/LATINO ?** **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**STUDENT ETHNICITY: (Check all that apply)**

Asian  Native Hawaiian/other Pacific Islander  American Indian/Alaskan  Native Black/African  American White/Caucasian

What language did your student speak when first learning to talk? \_\_\_\_\_ What language does your student speak at home? \_\_\_\_\_

What language do you use most when speaking to your student? \_\_\_\_\_ What language do the adults in your home use? \_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION - RESIDENT ADDRESS - WHERE STUDENT RESIDES**

Street _____		Apt/Lot # _____		Home Phone _____	
City _____		State _____		Zip _____	

**MAILING ADDRESS (IF DIFFERENT FROM ABOVE)**

Street _____		Apt/Lot # _____		Home Phone _____	
City _____		Street _____		Zip _____	

Is there is a custody order pertaining to this child? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Who has custody? \_\_\_\_\_

**\*\*\*We must have a copy of the legal custody papers on file\*\*\***

Student's Natural Parents:  Married  Never Married  Separated  Divorced  Other (specify) \_\_\_\_\_

If a Foster Child: School District of Residence \_\_\_\_\_

**\*\*\*Student must have proper authorization to reside with grandparents or other relative\*\*\***

**PREVIOUS SCHOOL INFORMATION**

Has your child ever attended Pre School? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If Yes, where?  Headstart  Play and Learn  Stay N Play  East  South  West  Other

If Other, what is the name? \_\_\_\_\_

Has your child ever attended Kindergarten? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ \*If YES, where did they attend? \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

The information that I have supplied on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Morgan Local School District

**Signature** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parents have the right to request and inspect the Cumulative Record on file for their child.**

RESIDENTIAL PARENT (S) /GUARDIAN (S)			
Name	Name		
Relationship to Student	Relationship to Student		
School District of Residence	School District of Residence		
Cell Phone	Cell Phone		
Work Phone	Work Phone		
Email Address	Email Address		
Is Parent/Guardian a member of Armed Forces?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, which branch:
Are there any other people living in your household?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, please complete the section below:
OTHER HOUSEHOLD MEMBERS			
Name	Grade	School	Relationship
<b>Current Housing:</b> ___ Relative/Friend ___ Shelter ___ Hotel/Motel ___ Car ___ Campsite ___ Transitional ___ Unaccompanied ___ Foster Care ___ Rent/Own Other _____			
SECOND HOUSEHOLD MAILING INFORMATION (ONLY if different from primary address)			
NON-HOUSEHOLD PARENT(S)/GUARDIAN(S)			
Name	Custody: YES ___ NO ___		
Address	City	State	Zip
Home Phone	Cell Phone		
Work Phone	Relationship to Student		
Email Address			
SPECIAL EDUCATION NEEDS			
Has your child had a psychological evaluation, multi-factored evaluation, or other evaluation? YES ___ NO ___			
Has your child been enrolled in any special education programs? If yes, please check the programs below:			
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Emotionally Disturbed	<input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Blind	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Cognitive Disability	
<input type="checkbox"/> Deaf	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Traumatic Brain Injury	
	<input type="checkbox"/> Orthopedically Handicapped	<input type="checkbox"/> Other Health Impaired	
Other Program: Please describe the program: _____			
Does your child have a <b>current IEP</b> (Individual Education Plan)? YES ___ NO ___			
If yes, do you have a copy?			

For School Personnel Use only!!	
Enrollment approved by:	Date
If Open Enrolled: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Letter Sent
<b>Documents Verified at Registration: By _____</b> _____ Certified Birth Record _____ Custody Documents (If applicable) _____ Immunization Record _____ Verification of Social Security Number _____ Photo ID of Parent/Guardian _____ Proof of Residency _____ IEP/504 (only need verification that one exists if coming from outside district)	