

Kindergarten Enrollment Data

This record gives us information that is important and necessary. Please make it as complete as possible. This record will remain on file in the school office.

Child's Name: Last _____ First _____ Middle _____

Date of Birth _____ Sex _____ Ethnic Group _____

Address _____ City _____ Zip _____

Place of Birth: City _____ County _____ State _____

Father's Name _____ Address _____

Home Phone _____ Occupation _____ Work Phone _____

Mother's Name _____ Address _____

Home Phone _____ Occupation _____ Work Phone _____

Marital Status of parents: Married _____ Separated _____ Divorced _____

Student lives with: Both Parents _____ Father _____ Mother _____
Other _____ Identify _____

Names of all brothers, sisters, birthdates, grades

Person who will care for your child in case parent cannot be reached: (should be close to Rothsay)

Phone _____

List any illnesses, injuries or chronic conditions of which the school should be aware: _____

Is your child taking medication a regular basis? _____

If so, please list name _____

Name of family Doctor _____ Phone _____

Name of family Dentist _____ Phone _____

Does your child have a handicap or disability which we should be aware of? _____

Is there anything else in particular that you would like us to know about your child which will help us understand your child and might affect your child in the classroom. _____

PARENT'S SIGNATURE _____ DATE _____