

Kent County Public School Initial Registration Form

Part 1 – Student Information

| | |
|------------------------------------|--|
| Student Name (First, Middle, Last) | |
| DOB | |
| Place of Birth | |
| Gender (M, F, or Non-Binary) | |
| Street Address | |
| City/State/Zip | |
| Home Phone | |
| Primary Language of Student | |
| Primary Language in Home | |

Will Student Ride a Bus? ☐ Yes ☐ No

Is McKinney-Vento Applicable? ☐ Yes ☐ No

If so, is student “Unaccompanied Youth?” ☐ Yes ☐ No

Is student in Informal Kinship Care? ☐ Yes ☐ No

****McKinney-Vento or Informal Kinship Care requires signed affidavits***

Evidence of Birth (MUST check one):

| | |
|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Birth Certificate/Registration | <input type="checkbox"/> Passport/Visa |
| <input type="checkbox"/> Physician Certificate | <input type="checkbox"/> Other(MUST be legal form) |

Ethnicity Identification:

Is Student Hispanic or Latino? ☐ Yes ☐ No

Race Identification: (Check as many as appropriate):

| | |
|--------------------------|---------------------------------------------|
| <input type="checkbox"/> | (01) American Indian/Alaska Native |
| <input type="checkbox"/> | (02) Asian |
| <input type="checkbox"/> | (03) Black/African American |
| <input type="checkbox"/> | (04) Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> | (05) White |

Does the Student Have an IEP (Special Education) or 504 Plan? ☐ Yes ☐ No

Was the Student Enrolled in Any Other Special Program? ☐ Yes ☐ No

(If Yes, Please Specify: _____)

Is the Student Under Current Suspension or Expulsion From Prior School? ☐ Yes ☐ No

| | |
|------------------------------|--|
| Name of Last School Attended | |
| Last Day of Attendance | |
| Contact Person | |
| School Telephone | |

Early Care and Education Experience Prior to Kindergarten (Please check only one):

| | | | |
|-------------------------------------------|---------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Home/Informal Care | <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> Pre-kindergarten | <input type="checkbox"/> Even Start | <input type="checkbox"/> Non-Public Nursery School | <input type="checkbox"/> HIPPY(Home Instruction Program For Preschool Youngsters) |

Part 2 – Proof of Residency

Is parent/guardian a bona fide resident of Kent County Maryland? ☐ Yes ☐ No

Proof of Residency must be provided prior to enrollment. If student/family is not McKinney-Vento, and is not a resident of Kent County, please contact Student Services for tuition information.

Proof of Residency (Must check and attach one):

| | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Utility Bill (electric, gas, water, landline telephone) | <input type="checkbox"/> Property Lease/Mortgage Agreement |
| <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> Other (Must have approval from Student Services. Please indicate: _____) |

Part 3 – Parent/Guardian Information

| | | | |
|---------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian | <input type="checkbox"/> Father | <input type="checkbox"/> Guardian |
| Name: | | Name: | |
| Street Address: | | Street Address: | |
| City/State/Zip: | | City/State/Zip: | |
| Email: | | Email: | |
| Home Phone: | | Home Phone: | |
| Work Phone: | | Work Phone: | |
| Cell Phone: | | Cell Phone: | |
| Employer: | | Employer: | |

Part 4 – Family Information

Other Significant Adults Living at the Residence:

| | |
|-----------|---------------|
| Name: | Relationship: |
| Name: | Relationship: |
| Siblings: | |
| Name | Birthdate |
| | |
| | |
| | |

Part 5 - Health & Immunization Information:Is immunization record complete? ☐ Yes ☐ No☐ DHMD 896 Form Completed/Approved by School Nurse (Name/Date: _____)☐ Temporary Approval of record by other School Official (Name/Date: _____)

As required by law for all students entering MD public schools for the first time, has the child received a physical exam in the past 9 months? ☐ Yes ☐ No If "NO", please list reason: ☐ finances, ☐ lack of access, ☐ other (please indicate: _____)

Please list any health concerns (medications, allergies, medical conditions, etc)

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| |

Part 6 - Emergency Contacts:

| Name | Relationship | Phone 1 | Phone 2 |
|------|--------------|---------|---------|
| | | | |
| | | | |

Part 7 – Disclaimer

Student, _____, has been enrolled on the basis of the information provided by the parent/guardian.

| | |
|---------------------------------|--|
| Parent/Guardian Signature/Date: | |
| School Official Signature/Date: | |

For School Use Only:

| | |
|-------------------------|-------------|
| Attendance Zone School: | Student ID# |
| Assigned School: | SS# |
| Grade: | AM Bus: |
| KCPS Enrollment Date: | PM Bus: |

NOTES: