



Halifax County Schools Kindergarten Registration Application 2020 - 2021



Date: _____

I. **Child's Name:** _____

Date of Birth: _____ **How Verified:** _____

Sex: Male: _____ Female: _____ **Birthplace:** _____

Social Security #: _____ (optional)

Age in years and months as of August 31^s _____ **Years** _____ **Months**

Race: _____ Black _____ Indian _____ White
_____ Hispanic _____ Other _____

II. **Mailing Address:** _____

Primary Telephone: _____ **Alternative Phone:** _____

Emergency Address: _____

III. **Parents/Guardian: Marital Status**

_____ Married _____ Divorced _____ Separated
_____ Widowed _____ Single

IV. **Father's Name:** _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Father's Age: _____ **Highest grade completed (circle):** 6 7 8 9 10 11 12

Years of College _____ **Years of Vocational Training** _____ **Currently in School** _____

Disabled _____ Yes _____ No

Employer's Name: _____ **Phone:** _____

V. **Mother's Name:** _____

Mailing Address: _____

Email Address: _____

Telephones: (cell) _____ (Hm) _____

Mother's Age: _____ **Highest grade completed (circle):** 6 7 8 9 10 11 12

Years of College _____ **Years of Vocational Training** _____ **Currently in School** _____

Disabled _____ Yes _____ No

Employer's Name: _____ **Phone:** _____

VI. **Guardian's Name:** _____ **Relationship:** _____
Mailing Address: _____
Email Address: _____
Telephone: _____
Guardian's Age: _____
Disabled _____ Yes _____ No
Employer's Name: _____ **Phone:** _____

VII. **Child Resides with:** _____
Relationship: _____
Family Size: # of older brothers: _____ # of older sisters: _____
of younger brothers: _____ # of younger sisters: _____
Number of person(s) living in home other than those already listed on this sheet: _____

VIII. Does your child have brothers or sisters attending this school? If so, list their names and ages.
Name _____ Age _____ Grade: _____
Name _____ Age _____ Grade: _____
Name _____ Age _____ Grade: _____
Name _____ Age _____ Grade: _____
Name _____ Age _____ Grade: _____

If child has no brothers or sisters, does your child have a relative or neighbor attending this school?
____ Yes _____ No
If Yes, list the names, relationship and age:

Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____

Will parent/guardian provide transportation to school? Yes _____ No _____
Student will ride bus # _____

Did your child attend Pre-K last year? If so, what school? _____

IX. SOCIAL DEVELOPMENT:

My Child... (check what best describes your child.)	Yes	No	Sometimes
1. Has regular playmates the same age?	_____	_____	_____
2. Has difficulty getting along with other children?	_____	_____	_____
3. Prefers to play with other children instead of alone?	_____	_____	_____
4. Is easily frustrated?	_____	_____	_____
5. Cries often?	_____	_____	_____

SOCIAL DEVELOPMENT:**My Child...** (check what best describes your child.)**Yes****No****Sometimes**

- | | | | |
|---|-------|-------|-------|
| 6. Has a bad temper? | _____ | _____ | _____ |
| 7. Enjoys cooperating with others? | _____ | _____ | _____ |
| 8. Is frequently irritated or moody? | _____ | _____ | _____ |
| 9. Is moody or easily upset by change? | _____ | _____ | _____ |
| 10. Experiences difficulty dealing with family stress
such as illness, death or separation? | _____ | _____ | _____ |
| 11. Demands much individual adult attention? | _____ | _____ | _____ |
| 12. Accepts discipline and limits? | _____ | _____ | _____ |
| 13. Has attended a preschool? | _____ | _____ | _____ |
| Number of Years: _____ Has an IEP | _____ | _____ | |
| 14. Can read? | _____ | _____ | _____ |
| 15. Can write? | _____ | _____ | _____ |
| 16. Can count? | _____ | _____ | _____ |
| 17. Eats well? | _____ | _____ | _____ |
| 18. Would you like an individual conference with the
staff social worker to share meaningful information
you don't feel you can include on this form? | | _____ | _____ |

Upon completion of this 2020-2021 Kindergarten Registration Application, please submit the required registration documents along with your Kindergarten Application to the School Data Manager at this school. Wait to receive confirmation of the child's registration.

(Completed by Central Office Staff)

Halifax County Schools**Verification of Submitted Kindergarten Registration Form****Registered Child:** _____**Date Received:** _____**Time Received:** _____**Processor's Signature:** _____**Parent Signature:** _____**Guardian Signature:** _____

Reminder:

Upon completion of this 2020-2021 Kindergarten Registration Application, please submit the following required registration documents along with your Kindergarten Application to the School Data Manager at this school. Wait to receive confirmation of the child's registration.

1. Certified Copy of Child's Birth Certificate
(Child must be five (5) years old by August 31, 2020. In accordance with state law, <u>gifted</u> children who are age four (4) by April 16, 2020 also will be considered for admission.) For additional details and requirements for early admission to kindergarten, please go to the North Carolina State Board of Education website: http://sbepolicy.dpi.state.nc.us/apa.asp for the State.
2. Child's Immunization Record
(State law requires every child entering public schools in North Carolina for the <u>first time</u> to receive a <u>health assessment</u> . The assessment must occur within 12 months prior to entering school. Your medical provider should complete the NC Health Assessment Form before the child's first day of attendance.)
3. Proof of Residency
4. Parent/Guardian Photo Identification
5. Custody Documents (If applicable)