

Roscommon Area Public Schools

**Kindergarten Registration Form**

Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

<p>Special Services your child received previously-check all that apply</p> <ul style="list-style-type: none"><li><input type="radio"/> Speech</li><li><input type="radio"/> 504 Plan</li><li><input type="radio"/> Social Work</li><li><input type="radio"/> OT/PT</li><li><input type="radio"/> Special Ed</li><li><input type="radio"/> None</li></ul> <p>Student's Residence is:</p> <ul style="list-style-type: none"><li><input type="radio"/> Own home/apartment</li><li><input type="radio"/> Motel/car/campsite</li><li><input type="radio"/> More than 1 family in house/apartment</li><li><input type="radio"/> Shelter</li><li><input type="radio"/> With friends/family (other than parent/guardian)</li><li><input type="radio"/> Other _____</li></ul>	<p>Ethnicity:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hispanic/Latino</li><li><input type="checkbox"/> American Indian/Alaskan Native</li><li><input type="checkbox"/> Asian</li><li><input type="checkbox"/> Black or African American</li><li><input type="checkbox"/> Hawaiian/ Pacific Islander</li><li><input type="checkbox"/> White</li></ul> <p>Student Lives With:</p> <ul style="list-style-type: none"><li><input type="radio"/> Both Biological Parents</li><li><input type="radio"/> Father/Stepmother</li><li><input type="radio"/> Mother/Stepfather</li><li><input type="radio"/> Father Only</li><li><input type="radio"/> Mother Only</li><li><input type="radio"/> Legal Guardian</li><li><input type="radio"/> Divorced-Joint Custody</li><li><input type="radio"/> Court Placed</li></ul>	<p>Primary form of Care:</p> <ul style="list-style-type: none"><li><input type="radio"/> Great Start Readiness Program (GSRP)</li><li><input type="radio"/> Head Start</li><li><input type="radio"/> Child Care-Home Based</li><li><input type="radio"/> Child Care- Center</li><li><input type="radio"/> Tuition Based Preschool</li><li><input type="radio"/> Early Childhood Special Education Classroom</li><li><input type="radio"/> Young 5's /Developmental Kindergarten</li><li><input type="radio"/> Family/Relative Care</li><li><input type="radio"/> No Prior Care/Program</li></ul> <p>School District:</p> <p>What school district do you currently reside in? _____</p>
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**Parent/Guardian Information with Whom Student Resides:**

**Primary Parent (s) Name** \_\_\_\_\_

Physical Street Address \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Non-Custodial Parent Name** \_\_\_\_\_

Physical Street Address \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_