

Athol Royalston Regional School District- Kindergarten Registration Form

Student Name _____
Last First Full Middle

Male Female Date of Birth: Month _____ Day _____ Year _____

Place of Birth _____ Country of Origin _____

Address _____
Street Town Zip Code

Phone _____ Cell Phone _____ E Mail _____

Any custodial legality (restraining orders, custody agreements, etc.) No Yes
the school should be aware of?

Please submit copies of legal documents to school. Any DCF involvement? _____

DCF Worker _____ Phone _____

With whom does the student live? (Circle all that apply) _____
Both Parents, Mom, Dad, Step Mother, Step Father, Legal Guardian, Grandparent, Foster Parent, Other

Parent/Guardian #1 Name _____

Address _____ Phone _____

Employer _____ Phone _____

Cell Phone _____

Parent/Guardian #2 Name _____

Address _____ Phone _____

Employer _____ Phone _____

Cell Phone _____

Will your child receive medication during the school day Yes No

Parent/Guardian #1 Name _____

Address _____ Phone _____

Employer _____ Phone _____

Cell Phone _____

Please turn page over →

Will your child receive medication during the school day? Yes No

If so, please see the school nurse to fill out proper forms.

Does your child wear glasses? Yes No

List Health Problems and/or Allergies _____

Does your child's allergy or health condition constitute an emergency that warrants immediate attention? Yes No

Doctor's name _____

Dentist's name _____

Please check any services your child receives:

IEP 504 Speech DCF English Lang. Learner Service

Has your child attended Pre-school? Yes No

If yes, for how long? 6 mos 1 year 2 years More than 2 years

Name of the pres-school _____

List names of brothers and/or sisters _____

IS there anything else that we should know?

Parent/Guardian Signature _____ Date _____

WELCOME TO ARRS!

Athol Royalston Regional School District

Student's Name _____ Grade _____

Please answer both question 1 and question 2:

1. Is the student Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or others Spanish descent ...regardless of race) or Latino?

Yes

No

2. What is the student's race?

American Indian or Alaska Native (A person having origins in any of the original people of North, Central or South America and who maintain a tribal affiliation or community attachment)

Asian (A person having origins in any of the original people of the Far East, southeast Asia, or the Indian Subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original people of Europe, the Middle East, or North Africa)

Parent/Guardian Signature _____ Date _____

Please turn page over

State and federal law require that all schools determine the language(s) spoken in each student's home in order to identify his/her specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, ARRSD is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions.

Student Information

_____ **Gender** Female Male
 First Name Middle Name Last Name

_____ _____ _____
 Country of Birth Date of Birth Date first enrolled in ANY US School

School Information

_____ _____ _____
 Start Date in New School Name of Former School and Town Grade

Parent/Guardian Information

<p>What is the native language of each parent/guardian? Circle one</p> <p>_____ (mother/father/guardian)</p> <p>_____ (mother/father/guardian)</p> <p>What language did your child first understand and Speak?</p> <p>_____</p> <p>Which other languages does your child know? Circle one Circle one</p> <p>_____ (speak/read/write)</p> <p>_____ (speak/read/write)</p> <p>Will you require written information from the school in your native language? <input type="checkbox"/></p>	<p>Which language(s) are spoken with your child? Circle one</p> <p>_____ (seldom/sometimes/often)</p> <p>_____ (seldom/sometimes/often)</p> <p>Which language do you use most often with your child?</p> <p>_____</p> <p>Which languages does your child use? Circle one</p> <p>_____ (seldom/sometimes/often)</p> <p>_____ (seldom/sometimes/often)</p> <p>Will you require an interpreter/translator at Parent-Teacher Meetings? <input type="checkbox"/></p>
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 Parent/Guardian Signature

 Date