

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 _____ Email _____

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

Parent/Guardian #2 Name _____

Address _____ Phone _____

Employer _____ Phone _____

Cell Phone _____ Email _____

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 _____ Tel# _____

Dentist's name _____ Tel# _____

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 pre-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

HOME LANGUAGE SURVEY

State and federal law requires 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:

What is the native language of each parent/guardian? Circle one _____ (mother/father/guardian) _____ (mother/father/guardian)	Which language(s) are spoken with your child? Circle one _____ (seldom/sometimes/often) _____ (seldom/sometimes/often)
What language did your child first understand and speak? _____	Which language to you use most often with your child? _____
Which other languages does your child know? _____ (speak/read/write) _____ (speak/read/write)	Which languages does your child use? _____ (seldom/sometimes/often) _____ (seldom/sometimes/often)
Will you require written information from the school in your native language? Yes _____ No _____	Will you require an interpreter/translator at Parent-Teacher meetings? Yes _____ No _____

Parent/Guardian Signature

Date