

*Califon Borough Public School*

KINDERGARTEN Registration Form 2010-2011

Grade: \_\_\_\_\_ Date Registered/Entry in District: \_\_\_\_\_ Gender of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's First Middle Last Name \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Primary Residence Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_ Parent/Guardian cell phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address if different from student \_\_\_\_\_ Address if different from student \_\_\_\_\_

Alternate phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

First Day of Attendance m/d/yy \_\_\_\_\_ Expected HS graduation year \_\_\_\_\_ Special Education Classification \_\_\_\_\_

Student's Race: Amer. Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Pacific \_\_\_\_\_ White \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Student's Covered by Health Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_

Do the student's parents speak English? Yes \_\_\_\_\_ No \_\_\_\_\_ Other Language spoken in the home: \_\_\_\_\_

Is the student bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, other language spoken : \_\_\_\_\_

Last School Attended \_\_\_\_\_ Address of School \_\_\_\_\_ Date of Exit from previous School \_\_\_\_\_

-----For Office Use Only-----

SID # \_\_\_\_\_ LID # \_\_\_\_\_ Tuition Code \_\_\_\_\_  
School Code \_\_\_\_\_ County Code \_\_\_\_\_ District Code \_\_\_\_\_ FRRL \_\_\_\_\_

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