

KINDERGARTEN ENROLLMENT

2018/2019

MALE _____ FEMALE _____

ETHNICITY

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

PLACE OF BIRTH

PARENTS' LAST NAME _____

FATHER'S FIRST NAME _____

MOTHER'S FIRST NAME _____

BOX NO.

STREET ADDRESS

TOWN

ZIP

PLACE OF EMPLOYMENT OF FATHER _____

PLACE OF EMPLOYMENT OF MOTHER _____

PHONE NUMBER

A SECOND NUMBER TO CALL IN CASE OF
ILLNESS & MOTHER IS NOT AT HOME.

NUMBER OF CHILDREN IN FAMILY _____

NAME OF EACH

M OR F BIRTH DATE (MONTH, DAY, & YEAR)

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**PLEASE BRING YOUR CHILD'S BIRTH CERTIFICATE WHEN YOU ENROLL HIM/HER IN SCHOOL
SO WE CAN MAKE A COPY FOR THEIR CUMULATIVE FOLDER. KANSAS STATE LAW REQUIRES
WE DO THIS.**