

Ellsworth Community School District Four Year Old Kindergarten Enrollment Form Please return this registration form to any Ellsworth School Office.	TODAY'S DATE:
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Student Information:

Last Name	First Name	Middle Name	Gender	Birthdate
Home Address	City	State	Zip Code	Home Telephone
Birth City	Birth State	Birth Country	Birth County	Race/Ethnicity
				Please answer both questions: 1. Is this student Hispanic or Latino? ___ yes, Hispanic or Latino ___ no, not Hispanic or Latino 2. Is this student: (Choose all that apply. You must select at least one) ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ White ___ Native Hawaiian or Other Pacific Islander

Parent / Guardian Information:

Father's Name (First, Middle, and Last)				
Address:				
Home Telephone:	Work Telephone:	Cell Phone:	E-mail Address:	
1. Is this parent on active duty in the military? YES or NO 2. Is this parent a traditional member of the Guard or Reserve? YES or NO 3. Is this parent a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES or NO				
Mother's Name (First, Middle, and Last)				
Address:				
Home Telephone:	Work Telephone:	Cell Phone:	E-mail Address:	
1. Is this parent on active duty in the military? YES or NO 2. Is this parent a traditional member of the Guard or Reserve? YES or NO 3. Is this parent a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES or NO				
Guardian's Name (First, Middle Last)				
Address:				
Home Telephone:	Work Telephone:	Cell Phone:	E-mail Address:	
1. Is this parent on active duty in the military? YES or NO 2. Is this parent a traditional member of the Guard or Reserve? YES or NO 3. Is this parent a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES or NO				

Emergency Contacts, Additional Primary and Secondary Contacts:				
Circle the corresponding letter for each contact below:				
P - primary contact (Those who receive copies of report cards, progress reports, etc.)			S – secondary contact	E – emergency contact
P/S/E	Name:	Relationship: Father/Mother/child care provider, grandparent, etc.	Address:	Telephone:
P/S/E	Name:	Relationship:	Address:	Telephone:
P/S/E	Name:	Relationship:	Address:	Telephone:
P/S/E	Name:	Relationship:	Address:	Telephone:
Doctor	Name:	Relationship:	Address:	Telephone:

Note: St. Francis School is a collaborative partner with the Ellsworth School District in offering four year old kindergarten programming. Please check the program your child is registering for: _____ Ellsworth Elementary (A.M. or P.M.) _____ St. Francis School (A.M. only)

Enrolled in special education Early Childhood program: _____ Yes or _____ No

Location of Child Care Provider: Please indicate the address where your child will be picked up / delivered to by district bus transportation. Only one pick up/drop off location is allowed. _____

Are you requesting bus transportation? _____ **YES** or _____ **No**

List other immediate family members in the Ellsworth Community School District. Include those in school and for those not in school up to the age of 21.				
Name	Age	Birth Date	Grade	School

For office use only		Date Entered School	
	Add to Ellsworth Census Area. Student is from- District name:	Date Entered District	
	Withdraw from Ellsworth Census Area. Student is moving to—District Name:	Date Withdrawn from District	
Documentation used to verify residency:		Date of residency verification	
Address to send records to:			