

Kent County Public School Initial Registration Form

Part 1 – Student Information

Student Name (First, Middle, Last)	
DOB	
Place of Birth	
Gender (M, F, or Non-Binary)	
Street Address	
City/State/Zip	
Home Phone	
Primary Language of Student	
Primary Language in Home	

Will Student Ride a Bus? Yes No Is McKinney-Vento Applicable? Yes No

If so, is student “Unaccompanied Youth?” Yes No

Is student in Informal Kinship Care? Yes No

***McKinney-Vento or Informal Kinship Care requires signed affidavits**

Evidence of Birth (MUST check one): Birth Certificate/Registration Passport/Visa

Physician Certificate Other(MUST be legal form)

Ethnicity Identification:

Is Student Hispanic or Latino? Yes No

Race Identification: (Check as many as appropriate):

- (01) American Indian/Alaska Native
- (02) Asian
- (03) Black/African American
- (04) Native Hawaiian/Other Pacific Islander
- (05) White

Does the Student Have an IEP (Special Education) or 504 Plan? Yes No

Was the Student Enrolled in Any Other Special Program? Yes No

(If Yes, Please Specify: _____)

Is the Student Under Current Suspension or Expulsion From Prior School? Yes No

Name of Last School Attended	
Last Day of Attendance	
Contact Person	
School Telephone	

Early Care and Education Experience Prior to Kindergarten (Please check only one):

<input type="checkbox"/> Head Start	<input type="checkbox"/> Home/Informal Care	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Child Care Center
<input type="checkbox"/> Pre-kindergarten	<input type="checkbox"/> Even Start	<input type="checkbox"/> Non-Public Nursery School	<input type="checkbox"/> HIPPPY(Home Instruction Program For Preschool Youngsters)

Part 2 – Proof of Residency

Is parent/guardian a bona fide resident of Kent County Maryland? Yes No

Proof of Residency must be provided prior to enrollment. If student/family is not McKinney-Vento, and is not a resident of Kent County, please contact Student Services for tuition information.

Proof of Residency (Must check and attach one):

<input type="checkbox"/> Utility Bill (electric, gas, water, landline telephone)	<input type="checkbox"/> Property Lease/Mortgage Agreement
<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Other (Must have approval from Student Services. Please indicate: _____)

Part 3 – Parent/Guardian Information

<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Name:		Name:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Email:		Email:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Employer:		Employer:	

Part 4 – Family Information

Other Significant Adults Living at the Residence:

Name:	Relationship:
Name:	Relationship:

Siblings:

Name	Birthdate

Part 5 - Health & Immunization Information:Is immunization record complete? Yes No DHMD 896 Form Completed/Approved by School Nurse (Name/Date: _____) Temporary Approval of record by other School Official (Name/Date: _____)As required by law for all students entering MD public schools for the first time, has the child received a physical exam in the past 9 months? Yes No If "NO", please list reason: finances, lack of access, other (please indicate: _____)

Please list any health concerns (medications, allergies, medical conditions, etc)

Part 6 - Emergency Contacts:

Name	Relationship	Phone 1	Phone 2

Part 7 – Disclaimer

Student, _____, has been enrolled on the basis of the information provided by the parent/guardian.

Parent/Guardian Signature/Date:	
School Official Signature/Date:	

For School Use Only:

Attendance Zone School:	Student ID#
Assigned School:	SS#
Grade:	AM Bus:
KCPS Enrollment Date:	PM Bus:

NOTES: