

# Allendale Elementary School

## Kindergarten Registration Checklist

### I. What to bring....

\_\_\_ Enrollment Form

\_\_\_ Proof of Residency (bring 2)

- Utility Bill (gas, electric, or water)
- Copy of signed Lease Agreement
- Property Tax Statement

\_\_\_ Residency Affidavit

\_\_\_ Birth Certificate (must be certified, can not be a Mother's Copy)

\_\_\_ Immunization Form (TN Dept of Health Certificate of Immunization—from Doctor )

- 4 or 5 DPT Vaccines
- 3 or 4 Polio Vaccines
- 3 Hepatitis B Vaccines
- 2 MMR Vaccines
- 2 Varicella Vaccine (or history of disease)
- 2 Hepatitis A Vaccines

#### Plus

- Physical (within one calendar year of enrollment into school)



### 2. While registering be sure to...

\_\_\_ Sign up for assessment appointment (August 11th, 12th, or 15th)

\_\_\_ Complete name and address on reminder postcard  
(This will be mailed in early August)

# Williamson County Schools Enrollment Data Form

Student Information:

Enrolling School:

Student's Legal Full Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Last First Middle

Date of Birth: \_\_\_/\_\_\_/\_\_\_ City, County, State, Country of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Student's Preferred Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Race: White \_\_\_ American Indian/Alaskan Native \_\_\_ Asian \_\_\_ Black or African-American \_\_\_ Native American/Other Pacific Islander \_\_\_

Ethnicity: Hispanic \_\_\_ Non-Hispanic \_\_\_

Are sibling(s) currently attending the WCS: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Has student ever attended a Tennessee public school? \_\_\_ Y \_\_\_ N

Physical Address: (I currently live at this address – YES or NO) (This is a future address – YES or NO)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Apartment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from physical)

Rides AM Bus: Yes \_\_\_ No \_\_\_ Rides PM Bus: Yes \_\_\_ No \_\_\_ If riding bus one time, please indicate yes.

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Any Special Services student received in previous school: \_\_\_ Y \_\_\_ N (If yes, please explain.) \_\_\_\_\_

## Family Information

Custodial Parent/Guardian Full Names: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Custody: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Student lives with: \_\_\_\_\_

*If the family has a domestic relations order governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the student from school, we must have a legal document from the custodial parent to support this order.*

Father's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Phone (Cellular #) \_\_\_\_\_ Father's Phone (Cellular #) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Local Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parent) Name Relationship

## Home Language *(Federal law requires this information to be completed for ALL students)*

Birth Country:  U.S.  Other \_\_\_\_\_ Date entered U.S.: \_\_\_\_\_ Date entered U.S. school: \_\_\_\_\_

Student's first language:  English  Other: \_\_\_\_\_

Language usually spoken by student outside of school:  English  Other: \_\_\_\_\_

Language usually spoken in student's home:  English  Other: \_\_\_\_\_

Did student receive ESL in previous school?  
 Yes  No

Homeless: \_\_\_ Y \_\_\_ N If yes, has paperwork been completed? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Residency: \_\_\_ Utility Bills \_\_\_ Non-Contingent Contract/Settlement Statement \_\_\_ Lease Agreement \_\_\_ Other \_\_\_\_\_

**Please read and sign below. Signature must be notarized if sharing a home with another Williamson County resident.**

I declare under the penalty of perjury that this student resides at the address stated on this enrollment form. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I move outside the school zone, an Out of Transportation Zone Request will also be required. I understand that an Out of Zone request may be denied if it would result in overcrowding or oversized classes of the school. I also understand that in most circumstances the out-of-zone request would be approved for the remainder of the school year.

Failure to notify or falsification of any information of documents required for residency verification or the use of the address of another person without actually residing there may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
OFFICIAL SCHOOL  
DISTRICT SIGNATURE

OR

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE  
(Place Notary Seal or Stamp below)

**Please complete only if sharing a home with another Williamson County resident. Print first and last name of person(s) providing proof of residence. I, declare under the penalty of perjury, that the student being enrolled lives at the address stated on this enrollment form with me. I also agree to notify the school within two (2) weeks when residency has changed.**

First Name

Last Name

Signature(s) of Person(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE  
(Place Notary Stamp below)

## Attention All WCS Kindergarten Parents

### Important information from your child's school nurse

#### Immunizations

To enroll your child as a WCS kindergarten student, you will need to obtain your child's **original**, completed,

TN Department of Health Certificate of Immunization. This form must be brought to your child's school prior to their first scheduled day of attendance. This form must be completed by your child's physician or the Health Department. **Faxes and copies are not accepted.** The TN Department of Health Certificate of Immunization must be provided to the school at that time even if your child has not **turned 5 years of age**. Your child's doctor or the Health Department can administer the required shots even if it is not time for their scheduled physical. **All immunizations must be completed as well as appropriate documentation received at your child's school in order for your child to attend. This requirement is based on: Immunization Requirement Summary: Tennessee Department of Health Rule 1200-14-1-.29**

#### Immunization Requirements for all Incoming Kindergarten Students

##### 2011-2012 School Year

**\*\*\*All immunizations must be completed by August 11, 2011\*\*\***

You may need to schedule a separate appointment to get the immunizations completed before school starts.

<u>Doses</u>	<u>Vaccine</u>	<u>Comment</u>
4 or 5	DTP/DTaP/ /DT/Td	A 5 <sup>th</sup> dose is not required if the 4 <sup>th</sup> dose is given after the 4 <sup>th</sup> birthday.
3 or 4	Polio	If 3 <sup>rd</sup> dose is given after age 4, the 4 <sup>th</sup> dose is not required. 4 <sup>th</sup> dose is required after 4 <sup>th</sup> birthday
3	Hepatitis B	Required for kindergarten entry (3 doses)
2	MMR	1 <sup>st</sup> dose required on or after the 1 <sup>st</sup> birthday; first dose may be given no earlier than 4 days before the 1 <sup>st</sup> birthday.
2	Varicella (Chickenpox)	1 <sup>st</sup> dose required on or after the 1 <sup>st</sup> birthday; may be given no earlier than 4 days before the 1 <sup>st</sup> birthday OR date of disease.
2	Hepatitis A	Required for Kindergarten entry (2 doses)

#### Requirements for Medical or Religious exemptions of Immunizations:

**Medical Exemption**- the physician must document and sign the TN Dept. of Health Certificate as to specifically the vaccine your child is medically exempt from, as it would produce harm to your child. All of the other immunizations will be required along with physicians' documentation and signature.

**Religious Exemption**- the form may be obtained from your school nurse and must be documented with a notarized signed statement by the parent/guardian that the vaccination conflicts with their religious tenets or practices.

#### Physicals

Every Kindergarten student is required to have a physical. Documentation of this physical is required to be within one calendar year of the enrollment date of your child into kindergarten. Your child's doctor must document the physical on the TN School Immunization Certificate. If your child has **not** turned 5 (birthday falls between August 11, 2011 and September 30<sup>th</sup>, 2011), please let us know the exact date of the scheduled appointment. Documentation of the physical will need to be turned into the school office as soon as the physical has been completed.

#### Medication Policy

Parents or legal guardians ***must*** bring their child's medication to the school office. **Students are not allowed to bring in their own medication. This includes prescription as well as non-prescription medication!** The parent or legal guardian ***must*** complete an **authorization form-obtained from your school nurse or from the HEALTH SERVICES page on the wcs.edu website.** If you have any questions about medications at school, please contact your child's school nurse.

**Williamson County Schools**  
**Student Health History & Emergency Form**

School Year: 11/12

Car Rider \_\_\_\_\_ Bus # \_\_\_\_\_ SACC am \_\_\_\_\_ pm \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

**Parent/ Guardian Contact Information:**

First Person to Contact (Name): \_\_\_\_\_ Relation to student: \_\_\_\_\_

Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Second Person to Contact (Name): \_\_\_\_\_ Relation to student: \_\_\_\_\_

Hm# \_\_\_\_\_ Cell# \_\_\_\_\_ Wk# \_\_\_\_\_

Who Has Custody of this Child? \_\_\_\_\_ Any Custody Issues? \_\_\_\_\_

**Other Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Frequently Checked Email Address \_\_\_\_\_ May I email with **non-emergent** incidents \_\_\_\_\_

**\*Health Concerns/Medical Conditions** \_\_\_\_\_

**\*Food Allergies** \_\_\_\_\_

**\*Other Allergies** \_\_\_\_\_

**\*Daily Medications Taken at Home** \_\_\_\_\_

**\*Last Physical Exam-month/year:** \_\_\_\_\_ **Last Dental Exam-month/year:** \_\_\_\_\_

Health Insurance: Private Carrier \_\_\_\_\_ TN Care \_\_\_\_\_ Uninsured \_\_\_\_\_

If you would like information regarding physical/dental exams through the WC Health Dept please call #794-1542

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Hospital in the event EMS would need to transport your child \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

I give authorization for my child to receive emergency medical treatment from a medical provider if he/she is seriously injured or ill while in school and/or on school field trips.

Relevant health information will be shared only as necessary to maintain and promote the student's health and safety.

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

\_\_\_\_\_  
Date

**\* Parents-please return this** completed form no later than 2 school days of receiving it. **\***

**Clinic Use Only:**

Daily School Med \_\_\_\_\_ PRN Med \_\_\_\_\_ Inhaler in Clinic \_\_\_\_\_ Carries Inhaler \_\_\_\_\_ Nebs in Clinic \_\_\_\_\_

IEHP: Food Allergy Other Allergy Seizures Diabetes Other \_\_\_\_\_ Meds included in IEHP Packet \_\_\_\_\_

IHP: \_\_\_\_\_ Asthma Care Plan: \_\_\_\_\_

# Welcome to Allendale Elementary Kindergarten!

Dear Parents,

Welcome to the wonderful world of Kindergarten! Please know that you and your child are valued members of our school family.

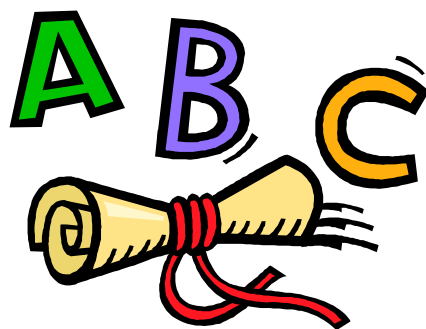
We understand that your child's experience in Kindergarten sets the tone for their attitude toward education. It is our goal to build a strong foundation for your child's education. We strive to maintain a positive learning community where individuals feel safe and loved. We look forward to a school year filled with wonder, growth, laughter, and discovery.

We hope this comprehensive packet will acquaint you with the many facets of our kindergarten program. One side of this folder contains forms, checklists and other things that need to be completed and returned. The opposite side has information about our kindergarten program for you.

We welcome you to the Allendale Elementary family and look forward to working side by side with you and your child. As always, we are here for you.

Sincerely,

The Kindergarten Team



# Allendale's Kindergarten Supply List



## BOYS

8 Jumbo Elmer's or Ross Glue Sticks

2-8 oz. Bottles Elmer's School Glue

1-pkg. Wooden Pencils

2 Boxes of 120 Count Kleenex

1-10 Count Classic Crayola Markers  
(with pink and gray broad/thick)

1-4 pack Chisel Tip Dry Erase Markers

1-5" Fiskar's Children's Scissors

6 Boxes of 24 Count Crayola Crayons (small)

1 Container of Clorox Wipes

1 Box of Baby Wipes

1 Bottle of Waterless Hand Sanitizer

1 Beach Towel for Rest Time

3- PLASTIC Pocket & Brad folders-  
1 purple, 1 blue and 1 green (plastic only)

1 Roll of Paper Towels

1 Box of Ziploc Brand Snack Size Baggies

1 Box of Ziploc Brand Quart Baggies

2- Pink Pearl Large Erasers

2011-2012



## GIRLS

8 Jumbo Elmer's or Ross Glue Sticks

2-8 oz. Bottles Elmer's School Glue

1-pkg. Wooden Pencils

1 Box of 120 Count Kleenex

1-10 Count Classic Crayola Markers  
(with pink and gray (broad/thick)

1-4 pack multi-color fat highlighter markers

1-5" Fiskar's Children's Scissors

6 Boxes of 24 Count Crayola Crayons (small)

1 Container of Clorox Wipes

1 Box of Baby Wipes

1 Bottle of Waterless Hand Sanitizer

1 Beach Towel for Rest Time

3- PLASTIC Pocket & Brad folders-  
1 purple, 1 blue and 1 green (plastic only)

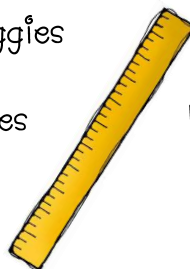
1 Roll of Paper Towels

1 Pack of 9" paper Plates

1 Box of Ziploc Brand Gallon Size Baggies

1 Box of Ziploc Brand Quart Size Baggies

2- Pink Pearl Large Erasers



# Tentative Kindergarten Staggered Day Schedule

Welcome to Kindergarten at Allendale  
Elementary!

As kindergarten teachers, we are dedicated to ensuring your child's first school experience is one that will be cherished and remembered for years to come.

8:35-Parents walk their child to class with his/her supplies (parents will help separate supplies into designated bins)  
9:00-9:30-Story and activity

Upon registration you will choose a 30 minute block of time for kindergarten testing. Please arrive 5 minutes prior to your scheduled time. The test will consist of letter recognition, sound production, basic phonemic awareness, number recognition 0-10, sorting, basic shape recognition, and general questions and answering skills. We will use this information to enable us to create well-balanced classes.

9:30-9:45-Visit cafeteria and go over rules

Class lists will be posted on August 15th. We will have a parent information meeting that evening from 6:00-7:30. We will start our evening out in the cafeteria and then you will be dismissed to your child's classroom for an orientation meeting. Children will not need to attend this meeting. Your child will have two staggered days to acclimate him/her to kindergarten. Girls will attend on August 16th (1/2 day) and August 18 (full day). Boys will attend on August 17th (1/2 day) and August 19 (full day).

9:45-10:15-Recess

10:15-10:30-Snack & read aloud

Children will not need to attend this meeting. Your child will have two staggered days to acclimate him/her to kindergarten. Girls will attend on August 16th (1/2 day) and August 18 (full day). Boys will attend on August 17th (1/2 day) and August 19 (full day).

10:30-11:00-Tour of the school and special areas

The first full day of kindergarten is Monday, August 22nd. Our school day begins at 8:30 and dismissal is at 3:35.

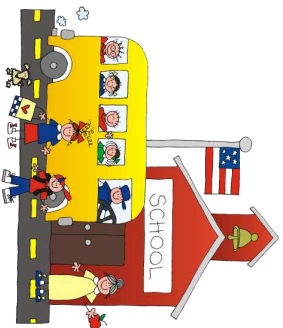
# Allendale Elementary Kindergarten



Don't forget to sign up for a kindergarten testing time!!

Allendale Elementary  
2100 Prescott Way



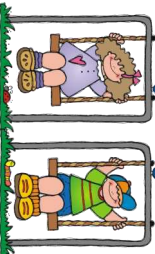
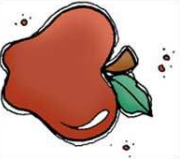




# AJDES Kindergarten Schedule



## August 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8 	9	10	11 Kindergarten Testing	12 Kindergarten Testing	13
14 	15 Kindergarten Testing 9:00-2:30 pm	16 1/2 Day for Girls 8:35-12:00 pm	17 1/2 Day for Boys 8:35-12:00 pm	18 Full Day for Girls 8:35-3:35 pm	19 Full Day for Boys 8:35-3:35 pm	20
21	22 1st Full day of Kindergarten for all students (8:35-3:35 pm)	23	24	25	26 	27
28	29	30 	31			