

# FLORENCE SCHOOL DISTRICT ONE KINDERGARTEN REGISTRATION

Parents need to present the child's birth certificate, immunization record, Social Security Card and proof of residence with this form.

## Information for the Permanent Record:

School for which you are registering \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle

Child's Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City State County Month Day Year

Child's Social Security Number \_\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_\_ Child's Gender: Male Female

Child's Racial Identity:  American Indian or Alaska Native  Asian  Black or African American  White  
 Native Hawaiian or Other Pacific Islander  Other \_\_\_\_\_

Ethnic Identity (Mark one):  Hispanic or Latino  Not Hispanic or Latino

Father's Name \_\_\_\_\_  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First Middle Maiden

Guardian's Name \_\_\_\_\_  
Last First Middle Relationship

Parent's Address (include city/zip code) \_\_\_\_\_

Parent's Contact Information: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Additional phone number(s) which we may use to contact you: Number \_\_\_\_\_ /Whose number? \_\_\_\_\_

Number \_\_\_\_\_ /Whose number? \_\_\_\_\_ Number \_\_\_\_\_ /Whose number? \_\_\_\_\_

The child lives with:  Both natural parents  Father only (male guardian)  Mother only (female guardian)  
 Grandparent(s)  Other

The child was in FSD#1 Child Development Program/Montessori Program at \_\_\_\_\_  
School

## Information for South Carolina Department of Education:

The State of South Carolina requires that Florence School District One collect the following information on each child enrolled in Florence School District One Kindergarten. Check the appropriate items and supply the necessary information. All information is kept confidential.

What did your child weigh when he/she was born? \_\_\_\_\_ Pounds \_\_\_\_\_ Ounces

What is your family's yearly income before taxes? \_\_\_\_\_

Check the names that best describe your child's caregiver before entering public school?

Child Care Center (# of years \_\_\_\_\_) Family Child Care Center (# of years \_\_\_\_\_) Head Start (# of years \_\_\_\_\_)

Home with Family Member Home with Non-Family Member

Where does your child receive medical services? Free Health Clinic Emergency Room Family Doctor

Does your child have a health condition which must be constantly watched (i.e. allergy, asthma, etc.)? No Yes

If yes, please explain: \_\_\_\_\_

Did the child's parents participate in Even Start or Parent Child Home Program (Family Literacy Services)? Yes No

Which parent? Mother Father

## FOR SCHOOL OFFICE USE ONLY

Birth: State \_\_\_\_\_ Number \_\_\_\_\_ Verified By: \_\_\_\_\_ Date \_\_\_\_\_

Immunization:  None  Conditional  Completed Verified By: \_\_\_\_\_ Date \_\_\_\_\_

Proof of Residence:  Land-Line Phone Bill  Electric Bill  Water Bill  Other