



# NORTHERN LEHIGH SCHOOL DISTRICT KINDERGARTEN REGISTRATION FORM

NAME OF STUDENT \_\_\_\_\_  
LAST FIRST MI SUFFIX

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ SEX \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

DATE OF BIRTH \_\_\_\_\_ CITY & STATE (OR COUNTRY) OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_ REQUESTED START DATE \_\_\_\_\_ DID STUDENT PREVIOUSLY ATTEND NLS? Y OR N

ETHNICITY (Please check all that apply)

\_\_\_\_\_ ASIAN \_\_\_\_\_ AMERICAN INDIAN/NATIVE ALASKAN  
\_\_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_\_ HISPANIC/LATINO  
\_\_\_\_\_ WHITE/CAUCASIAN \_\_\_\_\_ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
\_\_\_\_\_ OTHER (Please specify) \_\_\_\_\_

PA SCHOOL ENTRY DATE \_\_\_\_\_

NAME OF FORMER SCHOOL \_\_\_\_\_

ADDRESS OF FORMER SCHOOL \_\_\_\_\_

IS STUDENT A MIGRANT? \_\_\_\_\_ YES \_\_\_\_\_ NO

INITIAL U.S. ENTRY DATE (IF FIRST TIME ENROLLING IN US SCHOOL) \_\_\_\_\_

WHAT IS THE STUDENT'S FIRST LANGUAGE? \_\_\_\_\_

WHAT LANGUAGE(S) IS/ARE SPOKEN IN YOUR HOME? \_\_\_\_\_

DOES STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH \_\_\_\_\_ YES \_\_\_\_\_ NO

SPECIFY \_\_\_\_\_

HAS THE STUDENT ATTENDED ANY US SCHOOL IN ANY 3 YEARS DURING HIS/HER LIFETIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

| NAME OF PREVIOUS SCHOOL(S) | STATE | DATES ATTENDED |
|----------------------------|-------|----------------|
|                            |       |                |
|                            |       |                |
|                            |       |                |
|                            |       |                |

DOES STUDENT CURRENTLY HAVE AN IEP? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES STUDENT CURRENTLY HAVE A GIEP? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES STUDENT CURRENTLY HAVE A 504 PLAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IS STUDENT A FOSTER CHILD? \_\_\_\_\_ YES \_\_\_\_\_ NO

(If YES, attach Certificate of Entrance that names foster parents.)

### FOR OFFICE USE ONLY Kindergarten Registration

LOCAL ID# \_\_\_\_\_ STATE ID# \_\_\_\_\_ PS ID# \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ ENROLLMENT \_\_\_\_\_ FOOD SERVICE/TECHNOLOGY \_\_\_\_\_ TRANSPORTATION \_\_\_\_\_ SPECIAL EDUCATION

\_\_\_\_\_ ORIGINAL BIRTH CERT \_\_\_\_\_ 2 PROOFS RESIDENCY \_\_\_\_\_ IMMUNIZATIONS

\_\_\_\_\_ REGISTRATION FORM \_\_\_\_\_ BLACKBOARD CONNECT \_\_\_\_\_ HEALTH QUESTIONNAIRE \_\_\_\_\_ TRANSPORTATION FORM \_\_\_\_\_ DENTAL/PHYSICAL

NORTHERN LEHIGH SCHOOL DISTRICT ENTRY FORM CONTINUED

|  |  |
|--|--|
| ____ FATHER OR ____ LEGAL GUARDIAN       | ____ MOTHER OR ____ LEGAL GUARDIAN       |
| <b>RESIDES WITH</b>                      | <b>RESIDES WITH</b>                      |
| NAME                                     | NAME                                     |
| DAY PHONE                                | DAY PHONE                                |
| EMPLOYER                                 | EMPLOYER                                 |
| CELL PHONE                               | CELL PHONE                               |
| EMAIL                                    | EMAIL                                    |
| ADDRESS IF DIFFERENT FROM ABOVE          | ADDRESS IF DIFFERENT FROM ABOVE          |
| <b>IF APPLICABLE:</b>                    | <b>IF APPLICABLE:</b>                    |
| STEP-PARENT NAME                         | STEP-PARENT NAME                         |
| STEP-PARENT PHONE#                       | STEP-PARENT PHONE#                       |
| STEP-PARENT CELL #                       | STEP-PARENT CELL #                       |
| PERMISSION TO ACCESS STUDENT INFO Y OR N | PERMISSION TO ACCESS STUDENT INFO Y OR N |

If guardian is other than mother or father, additional documents will be required. Limitation of contact/correspondence to non-custodial parent must be supported with court order.

|                          |                          |
|--------------------------|--------------------------|
| <b>EMERGENCY CONTACT</b> | <b>EMERGENCY CONTACT</b> |
| RELATIONSHIP             | RELATIONSHIP             |
| NAME                     | NAME                     |
| PHONE #                  | PHONE #                  |

|   |   |
|---|---|
| <b>OTHER CHILDREN LIVING IN HOUSEHOLD</b> | <b>OTHER CHILDREN LIVING IN HOUSEHOLD</b> |
| NAME                                      | NAME                                      |
| DOB                                       | DOB                                       |
| SCHOOL ATTENDING                          | SCHOOL ATTENDING                          |

|   |   |
|---|---|
| <b>OTHER CHILDREN LIVING IN HOUSEHOLD</b> | <b>OTHER CHILDREN LIVING IN HOUSEHOLD</b> |
| NAME                                      | NAME                                      |
| DOB                                       | DOB                                       |
| SCHOOL ATTENDING                          | SCHOOL ATTENDING                          |

PRINT PARENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

|                            |                 |              |
|----------------------------|-----------------|--------------|
| <b>FOR OFFICE USE ONLY</b> |                 |              |
| LOCAL ID# _____            | STATE ID# _____ | PS ID# _____ |
| ENTERED BY: _____          | DATE _____      |              |