

**MELROSE PUBLIC SCHOOLS  
KINDERGARTEN REGISTRATION FORM 2010-2011**

For Office Use Only: Date Rec'd \_\_\_\_\_  
Registration Fee: \_\_\_\_\_ Check # \_\_\_\_\_

**STUDENT INFORMATION**

DOES STUDENT CURRENTLY ATTEND THE FRANKLIN ECC: YES \_\_\_ NO \_\_\_ YEAR OF GRADUATION: **2023**

GRADE: **K**

STUDENT NAME \_\_\_\_\_  
LAST NAME FIRSTNAME MIDDLE NAME

STUDENT BIRTH DATE (XX/XX/XXXX) \_\_\_\_\_ PLACE OF BIRTH (CITY) \_\_\_\_\_

SEX OF STUDENT: MALE \_\_\_ FEMALE \_\_\_

RACE CODE (SEE ATTACHED) \_\_\_\_\_

COUNTRY OF ORIGIN \_\_\_\_\_ NATIVE LANGUAGE \_\_\_\_\_

INDIVIDUAL EDUCATION PLAN (IEP) DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON AN IEP? YES \_\_\_ NO \_\_\_

**STUDENT RESIDENCE INFORMATION**

PARENT/GUARDIAN NAME \_\_\_\_\_  
FULL NAME(S) OF PARENT(S)/GUARDIAN(S) FOR MAILING ADDRESS LABELS

EMAIL ADDRESS (required) \_\_\_\_\_

STREET \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ CELL (MOTHER) \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL (FATHER) \_\_\_\_\_

GUARDIAN STATUS (SEE ATTACHED) YES \_\_\_ NO \_\_\_ STATE WARD STATUS (SEE ATTACHED) YES \_\_\_ NO \_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**CONTACT 1 (PARENT/GUARDIAN)**

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAY/WORK PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

**CONTACT 2 (PARENT/GUARDIAN)**

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DAY/WORK PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

over →

**EMERGENCY CONTACT INFORMATION**

CONTACT MUST BE SOMEONE OTHER THAN A PARENT/GUARDIAN

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CELLPHONE \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

**MEDIA RELEASE - PERMISSION (SEE ATTACHED)**

Please select one:      Unrestricted Use \_\_\_\_\_ Limited Use \_\_\_\_\_ Deny Use \_\_\_\_\_

**CONNECT-ED INFORMATION – WHAT IS CONNECT-ED? (SEE ATTACHED)**

DO YOU WANT TO PARTICIPATE IN CONNECT-ED? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION ONLY IF YOU ANSWERED “YES” ABOVE.

PRIMARY PHONE NUMBER \_\_\_\_\_ SECONDARY PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PROGRAM CHOICE**

SELECT FULL-DAY OR HALF-DAY PROGRAM: *FULL-DAY KINDERGARTEN* \_\_\_\_\_ *HALF-DAY KINDERGARTEN* \_\_\_\_\_

**SCHOOL CHOICE**

**FULL-DAY KINDERGARTEN:** PLEASE SELECT YOUR THREE (3) SCHOOL CHOICES IN ORDER OF PRIORITY.

1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_ 3<sup>RD</sup> CHOICE \_\_\_\_\_

**FAILURE TO SELECT THREE (3) VIABLE SCHOOL CHOICES FOR FULL-DAY KINDERGARTEN  
MAY RESULT IN A PLACEMENT CHOSEN BY ADMINISTRATION.**

**HALF-DAY KINDERGARTEN:** AT THIS TIME THE HALF-DAY KINDERGARTEN PROGRAM WILL BE HOUSED (ONLY) AT THE ROOSEVELT SCHOOL

**SIBLINGS**

PLEASE INDICATE THE NAMES OF YOUR OTHER CHILDREN, THE GRADE AND THE SCHOOL THEY WILL ENTER IN SEPTEMBER 2010. IF YOU HAVE A CHILD ENTERING 1<sup>ST</sup> GRADE IN THE FALL, PLEASE INDICATE THE NAME OF YOUR FIRST CHOICE SCHOOL FOR THAT CHILD.

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_