

Marshall County Schools Kindergarten Registration 2013-2014

Student's Name _____ Date _____
Last First Middle Preferred Name

Student's Social Security Number _____ Birthdate _____ Birthplace _____

Mother's Maiden Name _____

Address _____ ZIP Code _____
Number Street City County State

Mailing Address (if different) _____

Student's Home Phone _____ Gender (circle one) **Male** **Female**

Student's Ethnicity (choose one) _____ Non-Hispanic _____ Hispanic

Race: Check all that apply

- White
- Black or African American
- American Indian
- Native Hawaiian or Pacific Islander
- Asian

Student's Spoken Language

- English
- Spanish
- Other: please specify _____

Principal language spoken in student's home

- English
- Spanish
- Other: please specify _____

Students Born in a Country other than the US only:

Year Entered US _____ First year attended US school _____

Migrant (seasonal): **Yes** **No** Refugee: **Yes** **No**

Legal Custody of Student (Circle one) **Both Parents** **Mother** **Father** **Other (specify) _____**

Custodial Parent/Guardian's Name _____

Place of Employment _____ Day Phone _____ Night Phone _____ Cell Phone _____
Last First Middle

Custodial Parent/Guardian's Name _____

Place of Employment _____ Day Phone _____ Night Phone _____ Cell Phone _____
Last First Middle

Check this box if your child participated in Dolly Parton's Imagination Library program.

Note: If your child participated, he/she would have received one free book a month by mail with the logo shown to the right. The first book received was "The Little Engine that Could."



_____ If you participated in the Imagination Library, please indicate on the line to the left the age of your child when he/she received the first book? Please mark "0" if your child began at or a little after birth, mark a "1" if your child was one year old, a "2" if he/she was 2 years old, etc.

If your child is less than five years old and you are interested in participating in the Imagination Library Program, please call toll-free at 1-877-99Books.

SCHOOL USE ONLY (Check off each item as provided.)

- Official Birth Certificate provided and copy attached
- Social Security Card provided and copied
- Medical Examination
- Immunization Form