

# Zionsville Community Schools' Registration Form for KINDERGARTEN

## STUDENT INFORMATION:

legal name (please include middle name, if applicable): \_\_\_\_\_

date of birth: \_\_\_\_\_ gender: \_\_\_\_\_

school will be attending: \_\_\_\_\_ planned start date: \_\_\_\_\_

Has your child ever been in preschool? \_\_\_\_\_ If so, was it a ZCS preschool program? \_\_\_\_\_

Please check one of the below to indicate where your student attended school most recently:

\_\_\_\_\_ transferred from an in-state school (including home school)

\_\_\_\_\_ transferred from an out-of-state school

name, city, state of previous school and district: \_\_\_\_\_

Does your child currently have an **Individual Education Plan (IEP)** or a **504 plan**? \_\_\_\_\_ (If yes, please circle which one.)

## PARENT/GUARDIAN INFORMATION:

**first contact:** please circle MOTHER FATHER STEP-PARENT GRANDPARENT GUARDIAN OTHER

name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

address: \_\_\_\_\_ home phone: \_\_\_\_\_

city/state/zip: \_\_\_\_\_ cell phone: \_\_\_\_\_

**second contact:** please circle MOTHER FATHER STEP-PARENT GRANDPARENT GUARDIAN OTHER

name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

address: \_\_\_\_\_ home phone: \_\_\_\_\_

city/state/zip: \_\_\_\_\_ cell phone: \_\_\_\_\_

**IS THERE DOCUMENTATION REGARDING LEGAL GUARDIANSHIP/CUSTODY?**  IF SO, PLEASE PROVIDE COPY TO SCHOOL.

Please describe any significant experiences (death of a family member or close friend, parental separation or divorce, adoption, medical challenges, recent relocation to Zionsville, etc.) that we should be aware of in order to best support your child?

**IMPORTANT — PLEASE READ:** I am aware that Indiana Education Code and Zionsville Community Schools' Board Policy require students to be enrolled in the school in which the student's parent/guardian resides. I understand it is considered falsification if I move from this address and fail to notify the school. It is my responsibility to notify the school immediately if my child or I move from this address. Should this statement be found to be false and parent is unable to verify residency, I understand that my child may be unenrolled. ZCS reserves the right to require further documentation at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

for office use only:

birth certificate \_\_\_\_\_ proof of residency \_\_\_\_\_ immunizations \_\_\_\_\_ home language survey \_\_\_\_\_