

AVISTON ELEMENTARY SCHOOL
Kindergarten/New Student Registration

Child's Name: _____
(First, Middle, Last)

Male or Female

Birth Date: _____

Telephone: _____

Birthplace: _____
(Hospital Location)

Child's Address: _____

Mother's: _____

Mother's Maiden Name: _____

Mother's Telephone: _____

Mother's Email: _____

Mother's Place of Employment: _____

Child Lives With: MOTHER or FATHER or BOTH in home

Father's Name: _____

Father's Telephone: _____

Father's Email: _____

Father's Place of Employment: _____

Number of Brothers: _____ OLDER _____ YOUNGER

Number of Sisters: _____ OLDER _____ YOUNGER

Will your child be riding a bus? _____ YES _____ NO

_____ IF YES, WHERE FROM?

Has your child had a pre-school screening or been in a pre-school program? _____

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE ON FILE IN THE SCHOOL OFFICE THE FIRST DAY OF SCHOOL – MUST BE A COURTHOUSE COPY.

Parent Signature: _____

Date: _____