



Halifax County Schools Kindergarten Registration Application 2023 - 2024



Date: _____

I. **Child's Name:** _____

Date of Birth: _____ **Verifying Document:** _____

Sex: Male: _____ Female: _____ **Birthplace:** _____

Social Security #: _____ (optional)

Age in years and months as of August 31, 2020 ___ **Years** ___ **Months**

Race: ___ Black ___ Indian ___ White
 ___ Hispanic ___ Other _____

II. **Mailing Address:** _____

Primary Telephone: _____ **Alternative Phone:** _____

Emergency Address: _____

III. **Parents/Guardian: Marital Status**

 ___ Married ___ Divorced ___ Separated
 ___ Widowed ___ Single

IV. **Father's Name:** _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Father's Age: _____ **Highest grade completed (circle):** 6 7 8 9 10 11 12

Years of College _____ **Years of Vocational Training** _____ **Currently in School** _____

Disabled _____ Yes ___ No

Employer's Name: _____ **Phone:** _____

V. **Mother's Name:** _____

Mailing Address: _____

Email Address: _____

Telephones: (cell) _____ (Hm) _____

Mother's Age: _____ **Highest grade completed (circle):** 6 7 8 9 10 11 12

Years of College _____ **Years of Vocational Training** _____ **Currently in School** _____

Disabled _____ Yes ___ No

Employer's Name: _____ **Phone:** _____

Applicant's Name: _____ Date of Birth: _____

VI. Guardian's Name: _____ Relationship: _____
Mailing Address: _____
Email Address: _____
Telephone: _____

Guardian's Age: _____

Disabled _____ Yes _____ No _____

Employer's Name: _____ Phone: _____

VII. Child Resides with: _____

Relationship: _____

Family Size: # of older brothers: _____ # of older sisters: _____

of younger brothers: _____ # of younger sisters: _____

Number of person(s) living in home ***other than*** those already listed on this sheet: _____

VIII. Does your child have brothers or sisters attending this school? If so, list their names and ages.

Name _____ Age _____ Grade: _____

Name _____ Age _____ Grade: _____

Name _____ Age _____ Grade: _____

Name _____ Age _____ Grade: _____

Name _____ Age _____ Grade: _____

If child has no brothers or sisters, does your child have a relative or neighbor attending this school?
___Yes ___No

If Yes, list the names, relationship and age:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Will parent/guardian provide transportation to school? Yes _____ No _____

Student will ride bus # _____

Did your child attend Pre-K last year? If so, what school?

Did the child have a Pre-k Individualized Education Plan? Yes: _____ No: _____

Applicant's Name: _____ Date of Birth: _____

IX. Giftedness

Is the child turning 5 by August 31st _____ How old is the child at this time? _____
 Is the child turning 4 by April 16th? Yes _____ No _____ How old is the child now? _____
 Is the child an advance learner? Yes ___ No ___ Is the child identified as gifted? Yes ___ No ___
 Has the child been formally tested for Giftedness? Yes _____ No _____
 Does the child demonstrate exceptional academic abilities? Reading ___ Math _____ Language _____

X. SOCIAL- EMOTIONAL and ACADEMIC READINESS DEVELOPMENT:

Qualities (check what best describes your child)	Yes	No	Sometimes
1. Listens to hear directions.			
2. Follows at least one direction at a time.			
3. Speaks kindly to others.			
4. Shares toys.			
5. Has regular playmates the same age.			
6. Has difficulty getting along with other children.			
7. Prefers to play with other children instead of alone.			
8. Is easily frustrated.			
9. Takes turns respectfully.			
10. Receives correction.			
11. Cries often throughout the day.			
12. Has a bad temper.			
13. Enjoys cooperating with others.			
14. Is frequently irritated or moody.			
15. Is moody or easily upset by change.			
16. Is experiencing difficulty dealing with family stress such as illness, death, or separation.			
17. Demands much individual adult attention.			
18. Accepts discipline and limits.			
19. Has attended a preschool.			
20. Eats well.			
21. Goes to the restroom independently.			
22. Can read letters and numbers.			
23. Can write letters A- Z and full name.			
24. Can count to 20 and write numbers to 10.			
25. Attends to tasks at least 5 minutes.			
26. Sleeps well at night.			

Applicant's Name: _____ Date of Birth: _____

27. Would you like to share additional information with the social worker and/or guidance counselor that's not included on this form? Yes _____ No _____

List your contact information and hours of availability below:

Phone:

Days/Hours:

28. A conference is not required, however, would you like to use the space below to share additional information that may inform your child's registration and academic setting?

Review your child's application for completion of all information on pages 1-5. In preparation for the school year, contact the school for further information.

Upon completion of this **2023-2024 Kindergarten Registration Application**, please submit the required registration documents along with your Kindergarten Application to the School Data Manager at this school. Wait to receive confirmation of the child's registration. See next page to listing of required documents, per *HCS Board Policies*.

(Completed by School Office Staff:
data manager, administration)

Halifax County Schools

Verification of Submitted Kindergarten Registration Form

Registered Child: _____

Date Received: _____

Time Received: _____

Processor's Signature: _____

Parent Signature: _____

Guardian Signature: _____

Applicant's Name: _____ Date of Birth: _____

Halifax County Schools

Kindergarten Registration Requirements

Direction: Please submit the 2023-2024 Kindergarten Registration Application with the required documents to the School Data Manager. Wait to receive confirmation of the child's registration. An explanation of the required documents are provided by way of the *HCS School Board Policies* and are listed below.

1. Proof of Guardianship: Identification

Identification includes photo ID, Driver's License, Custody Documents as applicable.

Exceptional Children: A copy of the prekindergarten student's Individualized Education Plan (IEP) is requested at the time of kindergarten registration.

2. Current Kindergarten Application: A completed Halifax County Schools Kindergarten Application should be submitted for review with all of the required documentation for registration and admittance into the kindergarten program. The kindergarten application is located online at the district/school and can be picked up onsite. No fees are required. *Halifax County Schools highly encourages parents/guardians to enroll their child in the kindergarten program to engage the student's readiness and acclimation for academic, social-emotional, and physical teaching and learning routines & protocols in the first grade classroom.*

4. Entry Point: Birthday & Academic Giftedness

The child must turn five on or before August 31st of the school year; or the child is transitioning from a school in another state in accordance with that state's laws or rules prior to moving to North Carolina.

3. Certified Copy of Child's Birth Certificate Policy Code: 4100 Age Requirements for Initial Entry

Evidence of Age: Birth Certificate:

A certified copy of the child's birth certificate or verifiable evidence of the child's date of birth (a certified copy of any medical record of the child's birth issued by the treating physician or the hospital in which the child was born; a certified copy of a birth certificate issued by a church, mosque, temple or other religious institution that maintains birth records of its members.

Discretionary Enrollment: The child reached the age of four on or before April 16; the child is presented for enrollment no later than the end of the first month of the school year; and the principal of the school finds, based on information submitted by the child's parent or guardian, that the child is gifted and has the maturity to justify admission to school. In making such a determination, the principal shall follow guidelines established by the State Board of Education. *The board regards admission of a four-year-old to be an extraordinary measure that should NOT be used merely because the child is developmentally advanced.*

5. Completed Immunization and Health Assessment/Vision Screening Form

Policy Code: 4110 Immunization and Health Requirements for School Admission

Out of Country Applicant: A birth certificate or other satisfactory proof of age issued by a foreign country or institution will be accepted and treated in the same manner as comparable documents issued in the United States. *School officials shall use such documents only for the purpose of establishing the age of the child and not to inquire about the citizenship or immigration status of the child, parent or guardian.*

Immunization Record: Within 30 calendar days of the child's first day of school attendance, the parent/guardian must show evidence of age-appropriate vaccination in accordance with state law and regulation. The current required vaccination schedule is available from the N.C. Immunization Branch online at <http://www.immunize.nc.gov/>. Principals are required to refuse admittance to any child whose parent/guardian does not present a medical certification of proper immunizations within the allotted time. *Evidence of immunizations must be shown in the form of a certificate furnished by a licensed physician or by the health department.* A student who received immunizations in a state other than North Carolina must present an official certificate that meets the immunizations requirements

Foster Care: For a student who is in foster care or considered homeless, the inability to provide documentation must not prevent immediate enrollment of the student. School officials, or in the case of a homeless student, the homeless liaison, shall immediately contact the last school the student attended to obtain relevant enrollment records or other information needed for enrollment. These officials shall work with the student, the parent or guardian, school personnel, and other agencies as necessary to obtain enrollment information in a timely manner.

Health Assessment/Vision Screening: Within 30 calendar days of the first day of school entry, parents/guardians of students entering public schools for the first time, must provide a health assessment form indicating that the child has received a health assessment/vision screening. The assessment

Applicant's Name: _____ Date of Birth: _____

must include a medical history and physical examination with screening for vision and hearing and, if appropriate, testing for anemia and tuberculosis. The health assessment must be conducted no more than 12 months prior to the date of school entry. A student who fails to meet this requirement will not be permitted to attend school until the required documentation has been presented. If a parent fails or refuses to obtain a comprehensive eye exam or to provide the certification of a comprehensive eye exam, school officials shall send a written reminder to the parent of required eye exams. (Exceptions to the health assessment requirement will be made only for religious reasons.) The child's absences will not be considered suspensions, and the child will be given an opportunity to make up work missed during the absence.

Children who fail to pass the required vision screening must obtain a comprehensive eye exam conducted by a licensed optometrist or ophthalmologist. The provider of the exam must present to the parent a signed transmittal form to submit to the school. No child will be excluded from attending school due to the parent's failure to obtain a comprehensive eye exam.

Homeless Student: Notwithstanding the provisions of Policy Code: 4110 Immunization and Health Requirements for School Admission, admissions for homeless students will NOT be prohibited or delayed (continued)

due to the student's inability to provide documentation of immunizations or health assessments. The homeless liaison shall work with the student, parent/guardian, school personnel or other agencies to obtain documentation of immunization and/or the health assessment or to arrange for such immunizations and/or assessments in a timely manner.

Children of a Military Family: Immunization requirements for newly enrolling military children are governed by the Interstate Compact on Educational Opportunity for Military Children. Children of military families will have 30 days from the date of enrollment or within such time as reasonably determined by the rules of the Interstate Commission to obtain any required immunization.

Grade Level of Initial Entry: The initial point of entry will be the kindergarten level. After initial entry, a principal may move the child to the first grade if it is determined that by reason of maturity, the child may be served more appropriately in the first grade.

6. Proof of Residency (mail, mortgage/rent statement)

Meeting Residence Requirements: A student who is domiciled within the geographic area served by the school, who is underage twenty-one (21) is entitled to be admitted without payment of tuition. Under certain circumstances

specified by law, a student who resides in the area served by the school system and who otherwise qualifies for admission to its schools also is entitled to be admitted without payment of tuition.

Homeless or in Foster Care: Homeless or foster care student may be entitled to continue attending their school of origin without payment of tuition regardless of a change in their domicile or residency status.)

Disabilities: Children with disabilities are required to meet state domicile requirements to be entitled to admission to school without payment of tuition unless they are "grandfathered" into the system.

Applicant's Name: _____ Date of Birth: _____