

Halifax County Schools Kindergarten Registration Application 2020 - 2021

	Date:_		
Child's Name:	_		
Date of Birth:			
Sex: Male:Female:	Birthplace:		
Social Security #:			(optional)
Age in years and months as of	August 31 ^s	Years	Months
Race: Black India	ın White		
Hispanic Othe	er		
Mailing Address:			
Primary Telephone:		_ Alternative Phone	: <u></u>
Emergency Address:			
Mailing Address:			
Telephone:			
Father's Age:	Highest grade	completed (circle):	6 7 8 9 10 11 12
Years of College	Years of Voc	ational Training	_ Currently in School _
DisabledYes	No		
Employer's Name:			Phone:
Mother's Name:	_		
Mailing Address:			
Email Address:			
Telephones: (cell)		(Hm)	
Mother's Age:	Highest grad	e completed (circle):	6 7 8 9 10 11 12
Years of College	Years of Voc	ational Training	_ Currently in School
DisabledYes	No		
Employer's Name			Phone:

Email Address:			Relationship:		
Email Address:	5 :				
Telephone:					
Guardian's Age					
Disabled	_YesNo				
Employer's Nam	ne:		Phone:		
	vith:				
Family Size:	# of older brothers:	# of older si	sters:		
	# of younger brothers:	# of younge	r sisters:		
Number of perso	on(s) living in home <u>other than</u>				
•	nave brothers or sisters attending		•		
·			<u> </u>		
		_			
Name		Age_	Grade:		
	others or sisters, does vour child l	nave a relative or neighb	or attending this scho		
If child has no brown Yes No list the name	mes, relationship and age:	Relationship	Age		
If child has no brown Yes No brown NameNameNameNameNameNameNameNameNameNameName	No mes, relationship and age:	Relationship Relationship	Age		
If child has no brown yes No brown of the name	No mes, relationship and age:	Relationship Relationship Relationship	Age Age Age		
If child has no brown yes No list the name Name Name Name Will parent/guar	No mes, relationship and age:	Relationship Relationship Relationship	Age Age Age		
If child has no brown yes No list the name Name Name Name Name Name Name Name N	No mes, relationship and age:	Relationship Relationship Relationship	Age Age Age		

SOCIAL DEVELOPMENT:					
My Child (check what best describes your child.)	Yes	No	Sometin		
6. Has a bad temper?					
7 Enjoys cooperating with others?					

Му	Child (check what best describes your child.)	Yes	No	Sometimes
6.	Has a bad temper?			
7.	Enjoys cooperating with others?			
8.	Is frequently irritated or moody?			
9.	Is moody or easily upset by change?			
10.	Experiences difficulty dealing with family stress such as illness, death or separation?			
11.	. Demands much individual adult attention?			
12.	. Accepts discipline and limits?			
13.	. Has attended a preschool?			
	Number of Years: Has an IEP			
14.	. Can read?			
15.	. Can write?			
16.	. Can count?			
17.	. Eats well?			
18.	. Would you like an individual conference with the staff social worker to share meaningful information			

Upon completion of this 2020-2021 Kindergarten Registration Application, please submit the required registration documents along with your Kindergarten Application to the School Data Manager at this

you don't feel you can include on this form?

school. Wait to receive confirmation of the child's registration.

Reminder:

Upon completion of this 2020-2021 Kindergarten Registration Application, please submit the following 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.

1. Certified Copy of Child's Birth Certificate

(Child must be five (5) years old by August 31, 2020. In accordance with state law, <u>gifted children</u> who are age four (4) by April 16, 2020 also will be considered for admission.) For additional details and requirements for early admission to kindergarten, please go to the North Carolina State Board of Education website: http://sbepolicy.dpi.state.nc.us/apa.asp for the State.

2. Child's Immunization Record

(State law requires every child entering public schools in North Carolina for the <u>first time</u> to receive <u>a health assessment</u>. The assessment must occur within 12 months prior to entering school. Your medical provider should complete the NC Health Assessment Form before the child's first day of attendance.)

- 3. Proof of Residency
- 4. Parent/Guardian Photo Identification
- 5. Custody Documents (If applicable)