Halifax County Schools
Kindergarten Registration Application
2020 - 2021

Date: ________________________________

I. Child’s Name: ____________________________________________

Date of Birth: __________________________ How Verified: ___________________

Sex: Male: ____ Female: ____ Birthplace: _________________________________

Social Security #: __________________________ (optional)

Age in years and months as of August 31st: _______ 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: _________________________________________________

Telephone: (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: __________
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? ________________________________

IX. SOCIAL DEVELOPMENT:
   My Child… (check what best describes your child.) Yes No Sometimes
   1. Has regular playmates the same age? _____ _____ _____
   2. Has difficulty getting along with other children? _____ _____ _____
   3. Prefers to play with other children instead of alone? _____ _____ _____
   4. Is easily frustrated? _____ _____ _____
   5. Cries often? _____ _____ _____
### SOCIAL DEVELOPMENT:

**My Child**... (check what best describes your child.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<tbody>
<tr>
<td>6. Has a bad temper?</td>
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<td>7. Enjoys cooperating with others?</td>
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<td>8. Is frequently irritated or moody?</td>
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<td>9. Is moody or easily upset by change?</td>
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<td>10. Experiences difficulty dealing with family stress such as illness, death or separation?</td>
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<td>11. Demands much individual adult attention?</td>
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<td>12. Accepts discipline and limits?</td>
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<td>13. Has attended a preschool?</td>
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<td>Number of Years:__ Has an IEP</td>
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<td>14. Can read?</td>
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<td>15. Can write?</td>
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<td>16. Can count?</td>
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<td>17. Eats well?</td>
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<tr>
<td>18. Would you like an individual conference with the staff social worker to share meaningful information you don't feel you can include on this form?</td>
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</tbody>
</table>

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

(Completed by Central Office Staff)

**Halifax County Schools**

**Verification of Submitted Kindergarten Registration Form**

Registered Child: ____________________________________________________________

Date Received: _____________________________________________________________

Time Received: ____________________________________________________________

Processor's Signature: ____________________________________________________

Parent Signature: _________________________________________________________

Guardian Signature: _______________________________________________________


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, gifted children 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/apas.asp for the State.

2. Child’s Immunization Record
   (State law requires every child entering public schools in North Carolina for the first time to receive a health assessment. 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)