



KINDERGARTEN ENROLLMENT FORM (Please Print)

Legal Student Last Name	Legal Student First Name	Legal Student Middle Name
Physical Street Address	City	Zip Code
Mailing Address (if different)	City	Zip Code

If your family is in transition, please indicate which of the following applies (circle):

Shelter Temporary Housing Living with Friends/Family Motel/Hotel Other _____

Primary Phone Number	Alternate Phone Number	Gender	Birth Date
County of Residence	School District of Residence	Email Address	

What is your child's race? Please circle.
 Asian Black/African American Hispanic White
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Will your child require CAPS Transportation?
 Yes **No**

What was your child's primary form of care in the last year?
 (Ex: Little Vikings, Head Start, Home-based Childcare, etc.)

Are you interested in Junior Kindergarten? Yes No
 If yes, please select the reason:
 Birth Date No Prior Schooling Other _____

Parent/Guardian Information

Relationship to student:	Does the student reside with this person?	Yes	No
Last Name	First Name		
Street Address/PO Box/Apt #	City, State, Zip		
Primary Phone Number	Alternate Phone Number		
Place of Employment	Work Phone Number		
Relationship to student:	Does the student reside with this person?	Yes	No
Last Name	First Name		
Street Address/PO Box/Apt #	City, State, Zip		



Primary Phone Number	Alternate Phone Number
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Place of Employment	Work Phone Number
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Other Children in the Family

Name	Relationship	School Attending	Grade
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Name	Relationship	School Attending	Grade
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Name	Relationship	School Attending	Grade
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Emergency Contacts Other Than Parent/Guardian
NOTE: Students can be released to any person listed below – Must be 18 years or older

First and Last Name	Primary Phone	Alternate Phone	Relationship
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First and Last Name	Primary Phone	Alternate Phone	Relationship
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First and Last Name	Primary Phone	Alternate Phone	Relationship
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Health Information

Does your child have any medical conditions that we need to be aware of (physical disability, allergies, etc.)? Yes No

Does our child have any food allergies? Yes No

Does your child take medication during school hours? Yes No

Special Education and 504 Information

Does your child currently receive any special education services or attend special education classes? Yes No
If yes, please provide a copy of the current Individualized Education Plan (IEP).

Has your child ever received any special education services or attended special education classes? Yes No

Does your child currently have a Section 504 plan? Yes No

Student Home Language

Does your child speak a language other than English?
Yes No
If yes, what language(s) does he/she speak?

Is there a primary language other than English spoken at home?
Yes No
If yes, what language(s) are spoken at home?



Military Family Information

Is a parent/guardian currently serving in the military? Yes No

Consent Information

I give permission for my child's name and/or picture to be released for directory information. Yes No

I give my permission for my child to be photographed or videoed for use and/or broadcast for public media. Yes No

I give my child permission to attend school field trips. Yes No

In case of emergency, I authorize the school to seek medical attention for my child. Yes No

Emergency School Closing Information

In case of an EMERGENCY school closing, my child is to:

Follow their normal routine Go to the following address: _____

Concussion Awareness Acknowledgement

I acknowledge that I have reviewed the Concussion Fact Sheet for Parents and/or Concussion Fact Sheet for Students in accordance with Public Acts 342 and 343 of 2012. <https://bit.ly/31YJfLm>

Initial _____

Student Acceptable Use Policy Acknowledgement

I acknowledge that I have received and reviewed the CAPS and Wexford-Missaukee ISD Acceptable Use Policy. These policies describe student responsibilities related to the use of computer hardware/software and the computer network. I understand that computer usage is a privilege, not a right, and my student and I agree to comply with these policies. <https://bit.ly/31YJfLm>

Initial _____

Directory Information Acknowledgement

I acknowledge that I have received and reviewed the CAPS Directory Information notice. <https://bit.ly/38IGLDp>

Initial _____

Parent/Guardian Signature

I acknowledge that the information submitted on this enrollment form is true to the best of my knowledge.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date