NEW STUDENT KINDERGARTEN ENROLLMENT

KEOKUK COMMUNITY SCHOOL DISTRICT

STUDENT'S LEGAL LAST NAME		STUDENT'S LEGAL FIRST NAME		MIDDLE NAME	DATE OF BIRTH
GENDER ☐ M ☐ F	GRADE ENTERING	NAME OF PRIMARY PARENT/GUARDIAN		RELATIONSHIP TO STUDENT	PHONE NUMBER
ADDRESS OF RESIDENCE		APT. NO.	CITY		ZIP CODE

STUDENT'S SOCIAL SECURITY NUMBER: _____

* Has this student EVER attended Keokuk Community Schools? ☐ YES ☐ NO

* Does this student have an Individual Education Plan (IEP)? ☐ YES ☐ NO

* Does this student have a 504 plan? ☐ YES ☐ NO

Race: The Fed Gov't and State of IA require the maintenance of data by ethnicity. Please check all that apply and circle primary race:

☐ (W) White ▪ ☐ (H) Hispanic or Latino ▪ ☐ (B) Black or African American

☐ (A) Asian ▪ ☐ (I) American Indian or Alaska Native ▪ ☐ (P) Native Hawaiian/Other Pac Islander

KINDERGARTEN INFORMATION

* Has your child been referred to or received services from the AEA? ☐ YES ☐ NO

* Did your child attend a pre-school program? ☐ YES ☐ NO

* What pre-school program did your child attend? _____

* Does your child have any allergies, medical conditions, disabilities or other concerns?

* Is there anything else that you feel we should know about your child to help us better understand him/her? Please explain.
(shyness, personal/social traits, recent divorce, death in the family, etc.)

All participants still need to attend the district-wide registration in August. Information will be advertised in the media regarding time, date, and location of the August registration. Remember to bring your username and password in August to registration in order to sign in to your parent portal account and complete the e-Registration process.

NAME OF ADULT ENROLLING STUDENT (PRINT) _____ SIGNATURE _____ DATE _____