

Student ID #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Time Received: \_\_\_\_\_

Building: \_\_\_\_\_

# Camden Central School District Kindergarten Registration Packet



Child's Name

\_\_\_\_\_

Last

First

Middle

Date of Birth:

\_\_\_\_\_

Address:

\_\_\_\_\_

Number and Street Name

\_\_\_\_\_

City

State

Zip

County

Mailing Address if different from above:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Town of Residence: Camden, (CES) • Florence, (CES) • Osceola, (CES) • Vienna, (MES) • Constantia, (MES)  
Annsville, (AES) • Lee, (AES)

# OFFICE USE ONLY

**CHILD'S HOME SCHOOL:**     **AES**         **CES**         **MES**

**Coverlet Completed:**     **YES**     **NO**    |     **Birth Certificate Provided**    |     **Custody Paperwork (if applicable)**

- |                                                                    |                                                                                     |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Proof of Immunization</b>              | <input type="checkbox"/> <b>Immunization Record Checked by:</b> _____               |
| <input type="checkbox"/> <b>Checklist</b> [Page 1]                 | <input type="checkbox"/> <b>Use of Student Photo</b> [Page 10]                      |
| <input type="checkbox"/> <b>Health History</b> [Page 4]            | <input type="checkbox"/> <b>Transportation Form</b> [Page 11]                       |
| <input type="checkbox"/> <b>A Note From The Nurse</b> [Page 5]     | <input type="checkbox"/> <b>Enrollment Form – Residency Questionnaire</b> [Page 12] |
| <input type="checkbox"/> <b>Physical Exam Report</b> [Page 6]      | <input type="checkbox"/> <b>Legal Guardianship</b> [Page 13]                        |
| <input type="checkbox"/> <b>Dental Health Certificate</b> [Page 7] | <input type="checkbox"/> <b>Proof of Age and Identity</b> [Page 14]                 |
| <input type="checkbox"/> <b>Registration Form</b> [Page 8]         | <input type="checkbox"/> <b>Standard Residency Agreement</b> [Page 15]              |
| <input type="checkbox"/> <b>Screening Report</b> [Page 9]          | <input type="checkbox"/> <b>Student Racial and Ethnic Identification</b> [Page 3]   |
|                                                                    | <input type="checkbox"/> <b>Home Language Questionnaire (HLQ)</b> [Page 4]          |

**To be completed 1<sup>st</sup> day of school:**     **Blue Emergency Card**     **School Lunch Application**

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_