

Keystone Montessori School Registration form

Kindergarten

TIME/DATE STAMP

For School Use Only

Enrollment Date: Enrollment Code:

Student Number: Teacher: HR:

Room: Grid # Zip Code:

Score:

STUDENT INFORMATION

Last Name		First Name		Middle		Nickname		Grade					
Physical Address				Apt	City		State	Zip					
Phone	Student's Birth Date	Student's Social Security # (Optional)			Sex F M		Is the student Hispanic/Latino? Yes No						
Race – <u>Required</u> (Check one or more):				American Indian or Alaska Native		Asian		Black or African American					
				Native Hawaiian or Other Pacific Islander		White							
Last School or Preschool Attended			Grade Completed	Address		Telephone							
Other Information (Please check if applicable):													
IEP		504 Plan		Foster Home		PE Waiver		Migrant		Homeless		Refugee/Immigrant	
Primary Language: English				Other: _____									

HOUSEHOLD AND PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1									
Last Name		First Name		Middle Name		Sex F M		Lives with student? Yes No	
Relationship to Student:		Parent		Guardian		Foster Parent		Guardian 1 Email Address	
		Stepparent		Other _____					
Home Phone		Work Phone		Cell Phone		Other Phone			
Address (if different from student's)				Apt	City		State	Zip	
Employer		Occupation		Work Address				Work Hours	
PARENT/GUARDIAN #2									
Last Name		First Name		Middle Name		Sex F M		Lives with student? Yes No	
Relationship to Student:		Parent		Guardian		Foster Parent		Guardian 2 Email Address	
		Stepparent		Other _____					
Home Phone		Work Phone		Cell Phone		Other Phone			
Address (if different from student's)				Apt	City		State	Zip	
Employer		Occupation		Work Address				Work Hours	

Please complete other side