

## Fentress County Schools Kindergarten Application

**Please fill in the following information:**

Child's Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_  
State of Birth \_\_\_\_\_ Country of Birth if other than USA \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ or Neighbor's Phone # \_\_\_\_\_

Father's Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mother's Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mother's Maiden Name(required) \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Previous group or school experience: Nursery School \_\_\_\_\_

Head Start \_\_\_\_\_

Serious Illness or accidents to date \_\_\_\_\_

Anything unusual about birth or infancy? \_\_\_\_\_

Is your child allergic to anything? If so what \_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are father and mother living together? \_\_\_\_\_

If not, with whom does the child live with? \_\_\_\_\_

Other children in the household:

Name	Age	Sex	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child is cared for by others if you work please list them and their phone numbers.

\_\_\_\_\_

\_\_\_\_\_

Any special problems with child sleeping, dressing, coming in from play, etc. \_\_\_\_\_

\_\_\_\_\_

Anything else you think the school should know? \_\_\_\_\_

\_\_\_\_\_

Will your child ride a bus?      Yes \_\_\_\_\_      No \_\_\_\_\_

If so, what number? \_\_\_\_\_

\*Child must be 5 on or before September 30<sup>th</sup>. Take the Child's Health Record and birth certificate to school the first day of school.

\*I agree to complete the child's immunizations as required by law. I agree to have these before school starts. Yes \_\_\_\_\_      No \_\_\_\_\_

Signed: \_\_\_\_\_

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