

SIBLINGS (please attach additional sheet if more room is needed)

Name	Sex	Birthdate	Grade	School	Address (if different from student's)
	F M				
	F M				
	F M				
	F M				

EMERGENCY INFORMATION OTHER THAN PARENT/GUARDIAN

Last Name		First Name		Middle Name		Sex F M	
Mailing Address				City		State	Zip
Home Phone	Work Phone	Cell Phone	Relationship to Student		Permission to pick up child from school? Yes No		
Persons who may not pick up your child: (If this is a parent, school must be supplied with court documentation)							
Name		Relationship			Court document supplied? Yes No		
Does your child have any severe or chronic medical conditions? If yes, please explain.							
Physician's Name			Phone Number		Emergency Room Preference (If any)		

KINDERGARTEN KICKOFF INFORMATION

Keystone Montessori will host a Kickoff event for incoming kindergarten students prior to the start of school either in late July or August. Students will be given an appointment to come meet school staff and teachers and participate in a learning screener. Schools may sign families up during kindergarten registration for Kindergarten Kickoff or families will be contacted by the school at a later time with Kickoff information.

ANY ADDITIONAL PARENT COMMENTS:

FOR OFFICE USE ONLY

ENROLLMENT PRIORITIES

Address in primary attendance area?	Yes	No
Student subject to prior board action?	Yes	No
Older siblings at this school?	Yes	No
Employee teaching at this school or campus?	Yes	No

DOCUMENTATION PROVIDED

Address Documentation #1	Yes	No	
Address Documentation #2	Yes	No	
Birth Certificate	Yes	No	Number:
Immunization Record	Yes	No	Date:
Preventative Health Care Examination	Yes	No	Date:
Eye Exam (Kindergarten Only)	Yes	No	Date:
Dental Exam (Kindergarten Only)	Yes	No	Date:
Social Security Card (not required)	Yes	No	
Court Documents (if applicable)	Yes	No	
Kindergarten Verification (if applicable)	Yes	No	
Records Release Request (if applicable)	Yes	No	