## Fayette County Board of Education

## 2023-2024 Kindergarten Registration

DATE	SCHOOL		· · · · · · · · · · · · · · · · · · ·		
_AST NAME	FIF	RST		MIDDLE	
DATE OF BIRTH		GEND	ER (Check One)	MALE	FEMALE
PHYSICAL ADDRESS			CITY		_ZIP
MAILING ADDRESS			CITY		_ZIP
STUDENT LIVES WITH (	Check One) BOTH PARE	NTS	FATHER	_ MOTHER_	GUARDIAN
RACE (Check One)	AFRICAN AMERICAN	WHITE_	HISPANIC _	OTHER_	· · · · · · · · · · · · · · · · · · ·
SOCIAL SECURITY NUM	IBER				
		_			
	PARENT				
Address	N (circle one)				
ldressnail Address			Cell Phone		
Employer	Work Phone				
EATUED					
Address					
Email Address	Cell Phone				
Employer	Work Phone				
EMERGENCY CO	ONTACTS - PLEASE		UMBERS O	THER TH	AN YOUR OW
EMER	RGENCY #1		E	MERGENC	Y #2
NAME		NAN	1E		
Relationship		Rela	ationship		
Phone Number		Pho	ne Number		
PRESCHOOL (Check One	) YES NO If YI	ES, where	and how long?_		
STUDENT CURRENTLY	RECEIVING SPECIAL EDU	CATION S	ERVICES (Chec	k One) YES_	NO
TRANSPORTATION (Che	ck One) CAR RIDER	BUS R	IDER If	yes, what bu	s number?
DI EAGE DEWG TIPE	OMBLETED FORM AND Y	OUD OU	D TO OCUOC	TO DECISE:	D MATHET I
	OMPLETED FORM <u>AND</u> Y THE WEEK OF APRIL 24 - 2		D TO SCHOOL	TO REGISTE	K WITH THE
	L NEED COPIES OF YOUR		BIRTH CERTIFI	CATE, IMMU	NIZATION RECOR
PROOF OF RESIDENCY	, AND SOCIAL SECURITY	CARD. (Co	pies can be mad	e at the schoo	<mark>l.)</mark>
PARENT/GLIARDIAN SIG	NATURE				