WINONA ELEMENTARY SCHOOL
KINDERGARTEN EARLY ENROLLMENT
2018-2019 SCHOOL YEAR

DATE ____/___/____

STUDENT'S NAME_____
LAST **FIRST** **MIDDLE**

RACE _____ **GENDER**_____ **DATE OF BIRTH** _____/_____/_____

MAILING ADDRESS_____

PHYSICAL ADDRESS_____

NAME OF PARENT(S) OR LEGAL GUARDIAN_____

WHO DOES STUDENT LIVE WITH: □MOTHER □FATHER □BOTH PARENTS □LEGAL GUARDIAN

MOTHER (___) _____-_____, (___) _____-_____, (___) _____-_____
HOME **CELL** **WORK**
MILITARY: YES NO BRANCH _____ ACTIVE: YES NO

FATHER (___) _____-_____, (___) _____-_____, (___) _____-_____
HOME **CELL** **WORK**
MILITARY: YES NO BRANCH _____ ACTIVE: YES NO

GUARDIAN (___) _____-_____, (___) _____-_____, (___) _____-_____
HOME **CELL** **WORK**
MILITARY: YES NO BRANCH _____ ACTIVE: YES NO

***DO YOU LIVE WITHIN ONE MILE FROM THE SCHOOL? ____ YES ____ NO ____ MAYBE**
*** HOW WILL YOUR CHILD GET TO AND FROM SCHOOL? _____ BUS ____CAR ____ WALK**
LIST NAMES OF ANY OTHER CHILDREN LIVING WITH YOU THAT WILL BE ATTENDING THIS SCHOOL:

_____

LIST ANY ALLERGIES STUDENT HAS AND/OR MEDICATION(S) STUDENT IS CURRENTLY TAKING:

_____

EMERGENCY CONTACTS / PERMISSION TO PICK UP FROM SCHOOL

NAME_____ _____ **RELATIONSHIP TO STUDENT**_____
NUMBER (___) _____-_____, (___) _____-_____, (___) _____-_____
HOME **CELL** **WORK**

NAME_____ _____**RELATIONSHIP TO STUDENT**_____
NUMBER (___) _____-_____, (___) _____-_____, (___) _____-_____
HOME **CELL** **WORK**

NAME_____ _____**RELATIONSHIP TO STUDENT**_____
NUMBER (___) _____-_____, (___) _____-_____, (___) _____-_____
HOME **CELL** **WORK**

_____ _____
PARENT / LEGAL GUARDIAN'S SIGNATURE **DATE**