



Hampton City Schools

Pre-Kindergarten Registration Form

Student ID: _____

Student's Last Name: _____ First Name: _____ Middle Name: _____

Hispanic or Latino? _____ Gender: _____ Home Phone: _____

American Indian/Alaska Native: **I** _____ Asian: **A** _____ Black: **B** _____ Native Hawaiian/Pacific Islander: **P** _____ White: **W** _____

Address: _____ Cell Phone: _____

Place of Birth: _____ Date of Birth: _____

School or Preschool Last Attended: _____ Address: _____

Did the student complete a full year in Preschool? Yes _____ No _____ *If Yes, please check one*
 Full Day Preschool Half Day Preschool

Has the student ever attended a Hampton City School? Yes _____ No _____

If yes, please list: _____

Grade(s) repeated, if any: _____

Current Participant of Healthy Families Partnership? Yes _____ No _____
If Yes, name of Family Support Worker

STUDENT IS CURRENTLY LIVING WITH: Relation: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Other Than Above: _____ Emergency Phone: _____

What languages, other than English, are used in the home? _____

What language does your child use most often? _____

Parent/Guardian Signature: _____ Date: _____ Photo ID: _____

FOSTER CARE INFORMATION If this section is completed, send a copy of the registration form to the Finance Office.

Name of Foster Parent(s): _____

Address of Foster Parent(s): _____

Legal Residence of Child: _____

Agency Placing Child in Foster Home: _____ *(attach copy of placement order)*

SCHOOL/OFFICE USE: 504 Special Education
Student ID# Currently being evaluated or in Child Study

Grade: _____ Entry Date: _____ Birth Certificate #: _____

School: _____ Entry Code: _____