



# 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: \_\_\_\_\_