

**LIMESTONE COUNTY BOARD OF EDUCATION**  
**Dr. Barry L. Carroll, Superintendent**  
Kindergarten Registration Form for 2010-2011 School Year

School \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Certificate # \_\_\_\_\_ SS# \_\_\_\_\_ AL IMM \_\_\_\_\_

Pupil's Name \_\_\_\_\_  
Last First Middle

Race \_\_\_\_\_ Sex:  M  F Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_

911 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Person to notify in case of emergency \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Student lives with:  Father  Mother  Both  Other \_\_\_\_\_  Custody  
Papers

Guardian's Name (If different from parent) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Numbers \_\_\_\_\_  

Name	Relationship	Phone #
Name	Relationship	Phone #

Student's Brothers/Sisters in School

_____ Grade _____	_____ Grade _____
_____ Grade _____	_____ Grade _____

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

List any special needs, health problems or medication that teachers should be aware of. (Explain)  
\_\_\_\_\_

Did your child attend pre-school?  Yes  No If so, where \_\_\_\_\_

Number of miles student resides from school \_\_\_\_\_

Give specific directions to student's house from school. \_\_\_\_\_  
\_\_\_\_\_

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**Parent Signature**