

Kendall Elementary

141 Old San Antonio Road
Boerne, TX 78006

830-357-4600 phone
830-357-4699 fax

STUDENT REGISTRATION -INFORMATION CHECK LIST

Students will be assigned to a classroom when all required documents listed below and immunizations are up to date. Please contact the KES registrar at 830-357-4600 if you have questions. School office hours are 7:00 a.m. to 3:30 p.m.

_____ PROOF OF RESIDENCY (Current utility bill (showing address, month of bill and bill amount), lease. Affidavits, In-District or Out-of-District Transfer Forms, if applicable.)

_____ SHOT RECORDS (Complete and up-to-date with school nurse initials)

_____ SOCIAL SECURITY CARD (Clear copy of original, enlarged)

_____ BIRTH CERTIFICATE (Clear copy of original)

_____ DRIVER'S LICENSE/PHOTO ID (Parent or Guardian)

_____ REPORT CARD FROM PREVIOUS SCHOOL (If applicable)

RECEIVED BY: _____ DATE: _____ START DATE _____

(Parent/Guardian Copy)

STUDENT REGISTRATION INFORMATION CHECK LIST

The items checked below are still missing from your student's registration packet. Students will be assigned to a classroom when all required items are submitted. Please contact the KES registrar at 830-357-4600 if you have questions. School office hours are 7:00 a.m. to 3:30 p.m.

_____ PROOF OF RESIDENCY (Current utility bill (showing address, month of bill and bill amount), lease. Affidavits, In-District or Out-of-District Transfer Forms, if applicable.)

_____ SHOT RECORDS (Complete and up-to-date with school nurse initials)

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**Texas Education Agency
Texas Public School Student /Staff Ethnicity and Race Data questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race.
United States Federal Register (71 FR 44866)

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** – A person having origins in any of the original peoples or North and South America (including Central America).
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/guardian)/(Staff) Signature

Student/Staff Identification Number

Date

Campus of enrollment

KENDALL ELEMENTARY SCHOOL

Home Language Survey

Name of Child _____

Campus: Kendall Elementary School Grade _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

1) What language is spoken in your home most of the time? _____

2) What language does your child speak most of the time? _____

Parent/Guardian Signature

Date

Please send important school information to me in Spanish

CUESTIONARIO DE IDIOMA HOGAREÑO

Nombre del Niño/Niña (a) _____

Escuela: Kendall Elementary School Grado _____

DEBE DE COMPLETARSE POR EL PADRE O GUARDIAN:

1) ¿Cuál es idioma que más se habla en su hogar? _____

2) ¿Cuál es el idioma que más habla su niño/niña? _____

Firma del Padre o Guardián

Fecha

Favor de informarme en español de asuntos escolares importantes.

KENDALL ELEMENTARY SCHOOL

Student Information

Student's Name

Grade

Dear Parent/Guardian:

Please use this form to let us get to know your child a little better. We ask that you not write down a specific teacher's name on this form. Thank you.

List some important characteristics regarding your child's personality:

List some characteristics you would like to see in your child's teacher:

List any special concerns:

KENDALL ELEMENTARY SCHOOL

Parent Request – Release of Student Records

Student's Name: _____

Birth Date: _____ Grade: _____

Please release information to:

Kendall Elementary School
141 Old San Antonio Road
Boerne, TX 78006
Phone: (830) 357-4600 Fax: (830) 357-4699

Reason for Release: _____

Name of Last School Attended: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Parent/Guardian Signature

Date

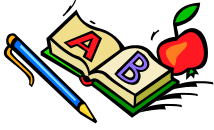
School Office Use:

Please include the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Most Recent Report Card | <input type="checkbox"/> Withdrawal form |
| <input type="checkbox"/> Original Home Language Survey | <input type="checkbox"/> Other _____ |
- ESL, At Risk, Section 504, G/T, Sped

District Signature and Title

Date



KINDERGARTEN QUESTIONNAIRE

Please help us to get to know your child by completing this questionnaire.
Please feel free to add anything else you think is important for us to know.

Child's Name _____ Nickname _____

Address _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Father's Name _____

My child is a: Boy Girl

How old will your child be in August 2010? _____ years _____ months

Has your child attended Pre-School? _____ Which one? _____

Does your child have any health problems that require special classroom attention? _____

Does your child have any food allergies or restrictions? _____

Is your child right or left handed? _____

Many of the following skills are things we will be learning in Kindergarten but it is helpful for us to know what your child can already do! Please check (✓) the skills you have observed at home:

Can write name Can count to 10 Can count to _____ Can sing ABC song Knows shapes

Knows 4 or more colors Can cut simple shapes Can hold a pencil correctly

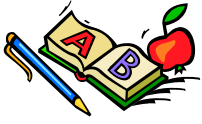
Can listen without interrupting when someone else is talking

Can sit still and listen to a story for 5 – 10 minutes Can recognize some/all letters of the alphabet

Understands basic safety rules Can be away from you for at least half a day without being upset

Can adapt easily to change Adapts more slowly to change

Uses words like "please", "thank you", "excuse me"



Now it is your turn! Please use this side of the questionnaire to provide any information you feel will be helpful to us in getting to know you and your child. Please be sure to keep us updated as to any major changes in your child's daily routine that might be upsetting to him/her (recent divorce, death of a family member or pet, new baby, etc.)

Which of your child's behaviors are most challenging to you?

How do you deal with these challenges at home (time outs, talks)?

What do you expect your child to learn through the Kindergarten experience?

What else would you like us to know about your child?