

Enrollment Date: _____

Hull Public Schools
Kindergarten Registration

Please check one: **half-day program** _____ **tuition based full-day program** _____

Date: _____ Language: _____

Student's Name: _____
Last First Middle

Place of Birth: _____ Date of Birth: _____

Home Address: _____ Home Phone #: _____

Previous School: _____

Previous School Address: _____

Student lives with: Parent _____ Parents _____ Guardian _____ Foster Parent _____

Father's Name: _____ email address: _____

Married _____ Divorced _____ Separated _____ Single _____

Address if different from student: _____

Occupation: _____ Employer: _____ Work Phone: _____

Mother's Name: _____ email address: _____

Married _____ Divorced _____ Separated _____ Single _____

Address if different from student: _____

Occupation: _____ Employer: _____ Work Phone: _____

*Guardian or Foster Parent: _____

*Documentation assigning this student to this home: _____

Proof of Residency (all new students): _____

Birth Certificate: Yes _____ No _____ Health Record: Yes _____ No _____

New Student Registration Continued...

Any Medical Problems: _____

School Records Received: Yes _____ Date _____ No

Emergency Contact Name (in HULL):

Address: _____ Phone #: _____

Person (s) Authorized to pick-up student:

Does this student receive any of the following in-school services?

Special Education: _____ Title I: _____

Speech/OT/PT: _____ Counseling: _____

Nurse Care: _____ English Language Education: _____

Has this student been or is this student currently involved with

Outside Counseling: _____ Where: _____

DSS/DYS/DMH: _____ Location: _____

Other: _____

If necessary does Hull Public Schools have permission to speak with your counselor/social worker?

Yes No If yes, please provide name and phone #: _____

I attest this is a true and complete school record regarding my child.

Date: _____

Signature of: Parent/Guardian/Foster Parent

Please Print Name

