



L.M. JACOBS ELEMENTARY SCHOOL
Hull, Massachusetts 02045

KINDERGARTEN 2012-2013
PARENT CHECKLIST

Student Information:

Name:

Address:

Give to Parent at Registration:

- _____ Jacobs Kindergarten Information Booklet
- _____ Immunization Requirement Sheet
- _____ Screening Appointment

Returned by Parent:

- _____ Proof of Residency
- _____ Registration Form
- _____ Birth Certificate
- _____ Kindergarten Choice Form
- _____ Deposit for full-day Kindergarten (Checks made payable to: *Hull Public Schools*)
- _____ Immunization Record
- _____ Medical Information/Health Consent
- _____ Home Language Form