WILLISTON PUBLIC SCHOOLS ADMISSION FORM KINDERGARTEN

Today's Date:	School:					
School of Residence:	Presently in Grade:					
Prefer: AM PM	[<u></u>					
Please list reason:						
Child's Legal Last Name	Last Name (if different)					
First Name	Middle NamePrefers to be call	ed				
Male Female						
Address	Telephone Number					
Date of Birth	e of BirthBirthplace					
Birth Certificate Presented: Y	YesNoNumber					
How will your child get to a	and from school: WalkOther					
Name and address of school	l student most recently attended (other than Will	liston)				
Name of School	City State	Zip Code				
Has student previously atte	ended Williston Schools? YesNoWhen	re?				
Family Background						
Father's NameLegal Fath	ner /Stepfather / Guardian /Foster	r Parent / Other)				
Employer	Employer's Telephone Number					
Mother's Name	Maiden Name					
Check one:Legal Mot	ther/Stepmother/Guardian/Fost	ter Parent /Other)				
Employer	Employer's Telephone Numb	per				
Marital Status:(Check One)	SingleMarried DivorcedSe	eparated RemarriedOther				
Who has Physical Custody?						
Who may we call at work? F	Father Both Both					

Person to Notify, other than Parents, in case of Emergency (Please inform this Person that they may be called by the School)

Relations	hip to ChildHome Telephone					
Work Te	elephone					
Has this If yes, plo	Child previously received special services: ease check applicable services: basic skills:	Yes Speech	No LD	ЕМН _	TMH	ED
Health C	oncerns (Allergies, Asthma, Heart, Diabetes,	Seizures, Othe	r):			
Medicati	ons:					_
Special N	Needs (Hearing, Glasses, Physical, Other):					_
Doctor:	Doctor's Telep	hone Number				
Address	of Non-Custodial Parent so copies of report c	ards, school re	ports, etc.	can be mail	ed:	
Procedu	res:					
Please co	omplete the following admission process:					
1.	Review the Williston Public Schools Hand	lbook.				
2.	Sign release of school records form and return it with admission form					
	(if not a previous Williston Public School s					
3.	Sign and return consent to treatment form			, ,		
4.	Submit immunization records (may already be included in previous school records).					
5. 6.	Provide a copy of applicant's birth certification	ate.				
0.	Sign and return network policy.					
I certify t	that the foregoing information is true and corr	rect				
(Signatur	re of Parent / Guardian)					