

**Huron School District
Sunnyside Kindergarten Center
24820 Merriman Road
New Boston, MI 48164
782-1162**

Kindergarten Student Registration Form

2008/2009

Student Last Name (goes by)	First Name	Middle Name	Legal Last Name (if different)	Sex
Mailing Address: number and street		city	zip code	
Birth date	City of Birth	Home Phone#	(circle one) Listed	unlisted
Ethnic Category: (Check one) _____Asian America _____American Indian _____Caucasian American _____African American _____Middle East American _____Hispanic American			Home Language:	

PREVIOUS SCHOOL INFORMATION: Last school attended: _____ Grade Level: _____

PRIMARY HOUSEHOLD INFORMATION Name(s) of adults **WITH WHOM STUDENT IS LIVING.** (room on back for more if needed)

Last Name	First Name	Relationship to student	Cell #
Last Name	First Name	Relationship to student	Cell #
Last Name	First Name	Relationship to student	Cell #
Last Name	First Name	Relationship to student	Cell #

CIRCLE THE GRADE LEVEL BELOW OF OTHER CHILDREN IN THE HOME

Pre Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

SECOND HOUSEHOLD INFORMATION: Name of Parent or Guardian(s) **OTHER** than those listed under Primary Household Information.

Last Name	First Name	Relationship to student	Home Phone #	Work Phone #
Mailing Address		City	State	Zip

MEDICAL INFORMATION:

Please list any illness your child has or had: _____

Please list any medications your child is taking: _____

Please list any known allergies your child has: _____

Please note that when Fire Department Medical Unit responds they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Doctor's Name	Doctor's Phone #	Hospital Preference
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Please be sure all information is correct and up to date. If you have a change of address or phone number please notify the office immediately. Please make sure you have filled in all boxes that apply.

Parent/Guardian signature _____ Date _____