



Kindergarten Registration

Lennox School District 41-4

Student's Legal Name: (as stated on Birth Certificate) _____

Gender: Male Female

Birthdate _____

Hispanic/Latino of any race Yes No

American Indian or Alaska Native

Asian Black or African American

Native Hawaiian or Other Pacific Islander

White Two or more races

Language Survey

What is the language most frequently spoken at home?

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

Mother/Legal Guardian _____

Phone # _____

Employer _____ Work # _____

Email _____

Father/Legal Guardian _____

Phone # _____

Employer _____ Work # _____

Email _____

Home Address _____ Home phone # _____

City, State, Zip _____ County _____

Attendance Center Lennox Worthing

Are you interested in Jr. Kindergarten?

Yes No I would like more information.