



# 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.