## **2024-2025** Boone Central Elementary Kindergarten Enrollment Form

Forms Due by Friday, April 5th, 2024

\*Students cannot attend Kindergarten without a copy of immunization record, valid birth certificate, physical, and eye exam. These forms must be turned into the elementary office before the start of the school year.

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|--|-------------------------|---------------------------|----------------------|----------|
| Student Information:   |                         |                           |                      |          |
| Has your child previously been enrolled at Boone Central's ABC Preschool?  Yes  No   |                         |                           |                      |          |
| Last Name:   | First Na                | ne:                       |                      |          |
| Date of Birth:   | Gender:                 | Male Female               |                      |          |
| Ethnicity: Hispanic or Latino Not Hispanic or Latino   |                         |                           |                      |          |
| Race: White Asian Black or African American American Indian or Alaska Native Other:  |                         |                           |                      |          |
| Primary Language: English Spanish Other:   |                         |                           |                      |          |
| FOR OFFICE USE ONLY: Current Immunization Record Received Physical Form Received Eye Exam Received Birth Certificate On File   |                         | YES<br>YES<br>YES<br>YES  | NO<br>NO<br>NO       |          |
| Parent Information:  |                         |                           |                      |          |
| Parent: First Name: Last Name:   |                         |                           |                      |          |
| Mailing Address:   |                         |                           |                      |          |
| Street Address   | City                    | State                     | Zip Code             |          |
| Phone: Ema   | ail Address:            |                           |                      |          |
| Parent: First Name:  | Last Nam                | e:                        |                      |          |
| Mailing Address:   |                         |                           |                      |          |
| Street Address Phone: Ema  | City<br>ail Address:    | State                     | Zip Code             |          |
|  |                         |                           |                      |          |
| District Information:  |                         |                           |                      |          |
| Are you a resident of the Boone Central Scho   | ol District?            | YES                       | NO                   |          |
|  |                         |                           |                      |          |
| Parent/Guardian Signature:   |                         |                           |                      |          |
| I certify that all the above information is true and correct. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program. |                         |                           |                      |          |
| Signature:   |                         | Date:                     |                      |          |