Hudsonville Public Schools Kindergarten Student Registration 3886 Van Buren • Hudsonville, MI 49426 • 616-669-1740

	M hi M	ng Information Ity child will turn five between June 1 - December 1. Ity child turns five before June 1, but I prefer to have m/her tested. Ity child turns five before June 1 and I do not need mild tested.		Americar Asian Ar Black/Afi Hispanic	rican American	
Stu	den	t Name (full, legal name)			() <u>Gender</u> () □ M	
		First	M.I.	Last	Nickname/Goes by □ F	
		Address				
County Home Phone #						
Date	e of	Birth Place of Birth City		State	Grade Entering	
	Yes	☐ No Is your child's native tongue a lang	guage other	than English?		
	Yes	s 🗖 No 💮 Is the primary language used in your child's home or environment a language other than English?				
Les	eal (Guardian Names: Please ✓ with which parent(s)/guar	rdian(s) stud	lent lives.		
	1.		(3)			
		First/Last - Parent/Guardian Name	Address		City, State, Zip	
		Relationship to Student Home Phone #		Work Phone #	Cell Phone #	
		Email Address		_		
	2.	First/Last - Parent/Guardian Name Address City, State, Zip				
		rirst/Last - rarent/Guardian Name	Address		City, State, Zip	
		Relationship to Student Home Phone #		Work Phone #	Cell Phone #	
		Email Address				
Me	dica	l Information				
Spe	cial	Medical Needs/Allergies				
					0.1 1	
		Information: Please list below any other siblings pres			Schools.	
<u>Name</u>			<u>Grade</u>	<u>Building</u>		
		mdicate your personal preference for Kindergarten C Monday/Wednesday and every other Friday Tuesday/Thursday and every other Friday No preference	_	ees)		

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