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

Testing Information ☐ My child will turn five between June ☐ My child turns five before June 1, bu him/her tested. ☐ My child turns five before June 1 and child tested.	it I prefer to have	□ Mo	ndicate your personal prefonday/Wednesday and every esday/Thursday and every of preference	•
Student Name (full, legal name)) (, 1 II	Last	() Gender □ M Nickname/Goes by
Student Address	irst	Middle (
County			one #	
Date of Birth Place o	of BirthCity			Grade Entering
Is this student Hispanic/Latino? (choose No, not Hispanic or Latino Yes, Hispanic or Latino		What is		can
,	s native tongue a la y language used in y		_	language other than English?
Legal Guardian Names: Please ✓ with	h which parent(s)/gu	ıardian(s) stu	ıdent lives.	
□ 1. 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
Relationship to Student	Home Phone #		Work Phone #	Cell Phone #
Email Address			_	
Medical Information				
Special Medical Needs/Allergies				
Sibling Information: Please list below	any other siblings pr	resently atter	nding Hudsonville Public	Schools.
Name	v c r	Grade	Building	
Registration Date	Paran	t Signature		<u>.</u>

Hudsonville Public Schools does not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities. The following office has been designated to handle inquiries regarding the nondiscrimination policies: