

# Hudsonville Public Schools Kindergarten Student Registration

3886 Van Buren • Hudsonville, MI 49426 • 616-669-1740

### Testing Information

- My child will turn five between June 1 - December 1.
- My child turns five before June 1, but I prefer to have him/her tested.
- My child turns five before June 1 and I do not need my child tested.

### Please indicate your personal preference for Kindergarten (no guarantees)

- Monday/Wednesday and every other Friday
- Tuesday/Thursday and every other Friday
- No preference

**Student Name (full, legal name)**

_____	_____	_____	( )
First	Middle	Last	Nickname/Goes by

Gender  
 M  
 F

Student Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_  
month/day/year City State

Is this student Hispanic/Latino? (choose only one):

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

What is the student's race? (select one or more, regardless of ethnicity):

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

Yes  No Is your child's native tongue a language other than English?

Yes  No Is the primary language used in your child's home or environment a language other than English?

**Legal Guardian Names: Please  with which parent(s)/guardian(s) student lives.**

<input type="checkbox"/>	1.	_____	_____	_____
		First/Last - Parent/Guardian Name	Address	City, State, Zip
		_____	_____	_____
		Relationship to Student	Home Phone #	Work Phone #
		_____	_____	_____
		Email Address	_____	
		_____	_____	
<input type="checkbox"/>	2.	_____	_____	_____
		First/Last - Parent/Guardian Name	Address	City, State, Zip
		_____	_____	_____
		Relationship to Student	Home Phone #	Work Phone #
		_____	_____	_____
		Email Address	_____	
		_____	_____	

**Medical Information**

Special Medical Needs/Allergies \_\_\_\_\_

**Sibling Information: Please list below any other siblings presently attending Hudsonville Public Schools.**

Name	Grade	Building
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**\* Reminder: A copy of your child's birth certificate must accompany this registration. Thank you!**