	Incomplete Date	
	Complete Date	
Students Name:	DOB	
KINDERGARTEN & TK EN	NROLLMENT CHECKLIST	
To expedite your child's registration, please	bring the following documents.	
Registration form		
Emergency & Health Information Form		
<b>Birth Record:</b> (Kindergarten-Must be age 5 on or bet Transitional Kindergarten (TK)-Will turn age 5 l	·	
<b>Health Examination for School Entry Fo</b> physical examination Urine, blood and tuber examinations	rm: Medical examination clinical history, culosis examination, Eye and hearing	
Oral Health Assessment Form: Return the of your child's first school year.	nis form to the school no later than May 31	
Immunization Record		
<b>4 doses of polio</b> (3 doses meet re on or after the 4th birthday.)	equirement if at least one dose was given	
<b>5 doses of DTP or DTaP</b> (4 doses r given on or after the 4th birthday)	neet requirement if at least 1 dose was	
<b>2 doses of MMR</b> (measles, mump measles-only vaccine, both doses give	os, and rubella) 1 dose may be a en on or after the 1st birthday.	
3 doses of Hepatitis B vaccine		
<b>2 doses of Varicella or Physician</b> disease history or immunity will also me	-documented Varicella (chickenpox) et the requirement.	
Proof of Residence *current electric or	gas utility bill and a photo ID.	
<b>Proof of Legal Guardianship</b> (If the chile parents, proof of legal guardianship m	<u> </u>	