



*Kindergarten children must be at least five (5) years of age on or before September 2*

**DeKalb County Schools  
Kindergarten PRE-Registration 2019-2020**

**School:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Student Information:**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Student lives with:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Parent Information:**

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**If there are custodial considerations, official documents must be made available to the school.**

Please list any siblings that attend DeKalb County Schools:

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Do any of the listed siblings receive free/reduced meals? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student currently receive any special services such as Speech, Occupational, Physical, or Play/Behavioral Therapy?

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## Documentation

(Check if these have been submitted)

Birth Certificate: \_\_\_\_\_

Immunization Form: \_\_\_\_\_

SSN: \_\_\_\_\_

Proof of Residence: \_\_\_\_\_

Custodial Documentation (if applicable): \_\_\_\_\_

Best Phone Number and/or email to reach you regarding kindergarten orientation:

\_\_\_\_\_ Phone

\_\_\_\_\_ email

*You will be notified about Kindergarten orientation. At that time, you will be required to complete additional forms: checkout, early dismissal, health, Home Language, etc...*