

**MINGO COUNTY SCHOOLS
KINDERGARTEN ENROLLMENT**

School: _____

Date: _____

Student's Name: _____

Date of Birth: _____ / _____ / _____ (Last) (First) (Middle)
Place of Birth: _____

Social Security Number: _____ - _____ - _____ Home Phone Number: _____ - _____ - _____

Number of Children in Family: BOYS _____ GIRLS _____

Father's Name: _____

(Last) (First) (Middle)
Father's Place of Birth: _____ Martial Status: _____
(County) (City) (State)

Mother's Name: _____

(Last) (First) (Middle) (Maiden)
Mother's Place of Birth: _____ Martial Status: _____
(County) (City) (State)

Occupation: Father _____ Place of Employment _____ Phone _____

Occupation: Mother _____ Place of Employment _____ Phone _____

Educational Status: Father _____
Grade School High School College G.E.D. Other
Mother _____
Grade School High School College G.E.D. Other

With Whom Does the Child Reside: _____

IN CASE OF EMERGENCY WHO SHOULD BE NOTIFIED:

Name: _____ Phone # _____

Address: _____

Name of Child's Doctor: _____ Phone #: _____

Address: _____

Hospital Preference: _____

Medical Concerns: _____

Allergies: _____

Medications: _____