

Kindergarten Registration

Affton School District

Name of Parent/Guardian: _____

Email address _____ Relationship _____

Address: _____ City/State _____ Zip _____

Home Phone _____

Spouse Name: _____

Email address _____ Relationship _____

Address: _____ City/State _____ Zip _____

Name of Kindergarten Student(s) enrolling in district:

Student First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____

Student First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____

Names of other sibling(s) in the district: (older siblings will be able to enroll for next year at a later date)

Student Name: _____ Grade: _____

School Attending in Fall: _____