

Richfield Jt. District No. 1  
3117 Hy. 167, P.O. Box 127  
Richfield, WI 53076  
(262) 628-1032

Plat Elementary School  
4908 Monches Road  
Colgate, WI 53017  
(262) 628-1778

## Kindergarten Registration Form

1. **Legal Name of Student** \_\_\_\_\_ Male Female (Circle one)  
(listed on birth certificate) Last First Middle name

Place of Birth \_\_\_\_\_ Birth date \_\_\_\_\_  
City State County month day year

Grade Placement Request: EC 4K 5K (Circle one)

The District is required to fill out student demographic information for some state and federal reports. Please complete the information that you would like the District to report on these reports.

**You must check both ethnicity and race**

Ethnicity: Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Race: \_\_\_\_\_ American Indian or Alaskan native \_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or other Pacific Islander

School Last Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

Former School Address \_\_\_\_\_  
City State Zip

Former Home Address \_\_\_\_\_  
City State Zip

2. **Name of Mother** \_\_\_\_\_  
(as it appears on birth certificate) Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Email address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Employment \_\_\_\_\_ Type of work \_\_\_\_\_ Phone (Work) \_\_\_\_\_

3. **Name of Father** \_\_\_\_\_  
(as it appears on birth certificate) Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Email address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Employment \_\_\_\_\_ Type of work \_\_\_\_\_ Phone (Work) \_\_\_\_\_

4. **Emergency Contact for Minor Illness or Injury if Parent Cannot be Reached** (relative, friend)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



9. **Physician Contact** Name \_\_\_\_\_ Phone \_\_\_\_\_

Any unusual health conditions? \_\_\_\_\_ No \_\_\_\_\_ Yes

Allergies (list) Diabetes Heart Convulsions/Fainting Spells Physical Handicaps Other (list)

\_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ No \_\_\_\_\_ Yes

List medications and for what reason \_\_\_\_\_

\_\_\_\_\_

10. **Residency Information** As initial proof of residency, the person with whom the student lives with in the district and /or who claims custody of the student must attach at least one document with this form.

Circle and **attach a copy of at least one of the following documents:**

- a. The most recent real estate tax bill for my residence showing me as a taxpayer.
- b. A closing statement or purchase agreement for my residence.
- c. Current gas/electric bill.
- d. A signed lease for my residence.
- e. A notarized letter from the owner/landlord of my residence stating that I reside at the residence, plus a signed lease, closing statement or tax bill from the owner/landowner.

Claiming homeless status: (Circle any that apply.)

- a. Sharing housing with others due to loss of housing, economic hardship, or similar reason.
- b. Living in a motel due to lack of alternative accommodations.
- c. Awaiting foster care placement.
- d. Living in transitional shelter, car, public space, or similar setting.
- e. Other: \_\_\_\_\_

11. **Time Preference:** 4K ..... AM or PM (Circle one)

5K ..... AM or PM or All Day (Circle one)

Under Oath, I swear that all information on this form and any accompanying documents are true to the best of my knowledge and do not intentionally contain any inaccurate or false statements. Any false statement(s) may result in denial of services, removal from school and assessment of tuition fees. I will immediately contact and update my child's school if any of the above registration information changes. I understand that this information will be shared with staff on an "as needed" basis only.

\_\_\_\_\_  
(Parent/Legal Guardian: Print first name, last name)

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
(Parent/Legal Guardian: Signature)

\_\_\_\_\_  
Date

**For Office Use Only**

Date of entrance: \_\_\_\_\_ Initial grade placement: \_\_\_\_\_ School: \_\_\_\_\_

Teacher (Classroom/Advisor Placement): \_\_\_\_\_ Registered by: \_\_\_\_\_

