

School Site \_\_\_\_\_

**KEMPER COUNTY SCHOOLS  
KINDERGARTEN  
STUDENT DATA COLLECTION FORM**

Date \_\_\_\_\_

**Student Legal Name (must match birth certificate unless legal document of name change is provided)**

Last		First		Middle	
Physical 911 Address (No PO Box)		City		State	ZIP
Date of Birth (MO/D/YR)	Grade	Social Security Number		Phone Number	

**Gender**

- Male  
 Female

**Race/Ethnicity (if multi-race, select two)**

- African-American/Black       Caucasian/White       Asian       Other \_\_\_\_\_  
 American Indian/Alaska Native       Hispanic/Latino/Spanish       Native Hawaiian/Other Pacific Islander

**US Citizen?**  Yes  No If no, country or citizenship \_\_\_\_\_

**Did child attend any type of program at the age of four?**  Yes  No **If yes, mark which type of program:**

- Licensed Child Care Center     Family/Friend Care     Head Start     Home     Pre-K Public     Pre-K Private

**If licensed child care center, Head Start or either Pre-K, list name:** \_\_\_\_\_

**Bus Driver** \_\_\_\_\_ **Bus Number/Route** \_\_\_\_\_

**Special Services Rendered**     504     Gifted     Homeless     Speech     Special Education     ESL/LEP

**Parent/Legal Guardian Information #1**

Last Name		First Name		Middle Name	
Relationship to Student					
Address			City	State	ZIP
Primary Phone		Secondary Phone		Email	
Occupation		Employer		Work Phone	

**Parent/Legal Guardian Information #2**

Last Name		First Name		Middle Name	
Relationship to Student					
Address			City	State	ZIP
Primary Phone		Secondary Phone		Email	
Occupation		Employer		Work Phone	

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Special Note(s)** \_\_\_\_\_

**Emergency Contact/Sign-Out List**

<b>Contact #1</b>	<b>Contact #2</b>
Name/Relationship	Name/Relationship
Address	Address
Cell Phone	Cell Phone
Home Phone	Home Phone
<b>Contact #3</b>	<b>Contact #4</b>
Name/Relationship	Name/Relationship
Address	Address
Cell Phone	Cell Phone
Home Phone	Home Phone

**List any brothers/sisters attending this school:**

- 1. \_\_\_\_\_ Grade \_\_\_\_\_
- 2. \_\_\_\_\_ Grade \_\_\_\_\_
- 3. \_\_\_\_\_ Grade \_\_\_\_\_
- 4. \_\_\_\_\_ Grade \_\_\_\_\_

Does your child speak any language other than English?  Yes  No If yes, please answer the questions below:

1. What was the first language your child learned to speak? \_\_\_\_\_
2. What language does your child speak most often? \_\_\_\_\_
3. What language is most often spoken in your home? \_\_\_\_\_

**Migrant Eligibility (check if applicable)**

\_\_\_\_\_ A parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

**Homeless Eligibility (check appropriate selection)**

1. Does the student lack a fixed, regular, and adequate residence, for example: agricultural migrant children, children living on the "streets" (i.e. tents, vehicles, etc.)?  Yes  No
2. Does the student live in a supervised or privately operated shelter as his/her primary nighttime residence, for example: Children who have been abused and/or neglected, children of domestic violence, welfare hotels, transitional housing?  Yes  No
3. Is the student temporarily staying with relatives or friends because of job loss, other income loss, or housing loss?  Yes  No

**Immigrant Children and Youth Eligibility**

1. Do you have children ages 3 to 21 who were not born in the United States and have not been attending school in any one or more States for more than 3 full academic years?  Yes  No
2. Is student a state ward (foster child) or in an institution for the neglected or delinquent?  Yes  No

**I certify that this form has been completed by the student's parent or legal guardian and that the information provided is true and current. I understand that I am to inform the school officials any time legal custody, address or phone numbers change.**

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

Student's Name \_\_\_\_\_

### Permission for Publication of Student Work/Photo

I understand that occasionally the school may wish to publish examples of student projects, photographs of students, and other work on the Internet. Classes, groups or teams may be featured in the newspaper or local news.

Please choose either yes or no beside each statement:

- My child's work may be published on the Internet:  Yes  No
- Photographs of my child may be published on the Internet:  Yes  No
- Photographs of my child may be published in the newspaper and in district, school, or teacher publications to further the teaching and learning process:  Yes  No
- Photographs and/or video of my child may be published on television:  Yes  No

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Permission for Corporal Punishment

I have read and understand the district discipline policy pertaining to my child in the Kemper County School District Student Handbook and the district policy related to corporal punishment in the Kemper County School District.

**I understand that if I select the use of corporal punishment for my child, I WILL NOT be contacted BEFORE corporal punishment is administered.**

**Students who may not receive corporal punishment WILL receive an alternative disciplinary action such as suspension.**

\_\_\_\_\_ I **DO** want corporal punishment administered to my child

\_\_\_\_\_ I **DO NOT** want corporal punishment administered to my child

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Textbooks

Kemper County School District provides textbooks free of charge to students. It is the duty of each student to care for the textbooks to the best of his/her ability and to return the textbooks upon withdrawal or at the end of the school year.

Parents and legal guardians are responsible for the cost of the textbooks which are not returned to the proper school(s). If a textbook is lost or not returned by a student, the parent or legal guardian shall be required to compensate the district for the cost of the textbook.

I hereby accept the responsibility for the books issued to my child during the current school year. If any book is lost, damaged or destroyed, I agree to pay such loss before my child will be entitled to further textbooks.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Internet Appropriate Use Agreement

As the parent/legal guardian, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read the Internet Appropriate Use Agreement – Terms and Conditions. I understand that this access is designed for educational purposes and that the personnel of the Kemper County School District will supervise students as they are utilizing the Internet and will discuss the terms and conditions for Internet usage with the students. However, I understand the actions of individual users or the information they may access. I hereby give permission for my child to use the internet in accordance with the guidelines outlined in the Internet Appropriate Use Agreement.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_