

Name _____

KENT CITY SCHOOLS REGISTRATION CHECKLIST **KINDERGARTEN**

Welcome! Thank you for choosing Kent City Schools for the education of your student(s).

There are three steps to registering your student:

1. Fill out the online New Student Enrollment Form for **each student**
2. Schedule your appointment at the Board of Education – only **one** appointment is necessary regardless of the number of students being enrolled.
3. Complete the required items on Final Forms for **each student** – (In Final Forms, click on the blue button saying “*New Account” to register your email address following the on-screen prompts and then click “Register Student”).

Please bring these items with you to your appointment at the Board of Education located at 321 N. DePeyster Street in Kent.

_____ Parent/guardian(s) government issued picture identification

_____ Proof of Residency – Must provide **TWO** of the following documents with parent/guardian(s) name(s) – it **MUST** have the registering parent/guardian(s) name

- Driver License or State Identification Card (**will only be used if the address matches one of the documents listed below**)
- Closing Documents or Rental Agreement
- Current utility bill – **gas, water, &/or electric** (we can accept the “Confirmation of New Service” letter or email)
- Current work record (pay stub)
- Public assistance (e.g., check stubs, form, letterhead, etc.)
- Voter’s registration card

_____ An authentic health dept. copy of the child’s Birth Certificate (hospital birth record not accepted) or current Passport

_____ Child’s Immunization records

_____ Custody or guardianship papers (**if applicable**). If the student is not living with both natural parents, **court documentation is required. It must be time-stamped or sealed by the Court.**

_____ Final Forms - <https://kentschools-oh.finalforms.com> (see #3 above)

Paper forms you need to fill out during your appointment. (These are also available as fillable PDF’s online, but need to be printed and brought with you to your appointment.)

_____ Information for Kindergarten Teacher

_____ Kindergarten Transportation Arrangements

_____ Parent/Student Request for Release of Records, **if applicable**

_____ ODE Language Usage Survey

_____ Consent for Release of Student Information and/or Records (FERPA), **if applicable**

_____ Free and Reduced Price School Meals Family Application, **if applicable**

**Health Information, Ohio Dept. of Health Immunization Summary for School Attendance, and Ohio School Health History forms

____ Parent form

____ Doctor form

____ Dentist form

Office Use Only

D H L W

